



# Veterans of Foreign Wars Department of California

Today's Date: \_\_\_\_\_

Veteran's Name: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_

Claim #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_

### SPECIAL CIRCUMSTANCES

- Recent Discharge     Homeless     Expedite
- Terminal Illness     Financial Hardship

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Service Officer

Print Name: \_\_\_\_\_

Post: \_\_\_\_\_ District: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Submitted to VFW Regional Office

- Los Angeles
- Oakland
- San Diego

### Attachments to be submitted to VA:

- 21-22       DD 214       21-526EZ
- 21-527EZ     21-534EZ     21-686c
- 21-530       21-8940       21-2680
- 335/21P       21-2680       21-4138
- 20-572       21-0847       21-0845
- 28-1900       22-1990       21-0958

Marriage Certificate     Divorce Decree

Medical Evidence       Death Certificate

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Field Service Office: \_\_\_\_\_