



**SECTION II**

**Tell us about any previous marriages**

NOTE: You should provide copies of divorce decrees or death certificates

In the table below, tell us about:  
 ● Your previous marriages, and  
 ● Your spouse's previous marriages

**Your previous marriages**

13a. How many times have you been married before? \_\_\_\_\_

13b. When were you married?	13c. Where were you married? (city/state or country)	13d. Who were you married to? (first, middle initial, last)	13e. When did your marriage end? _____	13f. Why did your marriage end? (death, divorce)	13g. Where did your marriage end? (city/state or country)
_____			_____		
mo day yr			mo day yr		
_____			_____		
mo day yr			mo day yr		

**Your spouse's previous marriages**


14a. How many times has your current spouse been married before? \_\_\_\_\_

14b. When was your spouse married?	14c. Where was your spouse married? (city/state or country)	14d. Who was your spouse married to? (first, middle initial, last)	14e. When did your spouse's marriage end? _____	14f. Why did your spouse's marriage end? (death, divorce)	14g. Where did your spouse's marriage end? (city/state or country)
_____			_____		
mo day yr			mo day yr		
_____			_____		
mo day yr			mo day yr		

**SECTION III Tell us about your other dependents**

In this section we want to know whether your parents are financially dependent on you (Question 15) and more about your **dependent children**. VA may recognize a veteran's biological children, adopted children, and stepchildren as dependent. These children must be unmarried and:

- be under the age of 18, **or**
- be at least 18 but under 23 and pursuing an approved course of education, **or**
- have become permanently unable to support themselves before reaching the age of 18.

You should provide: a copy of the public record of birth for each child or a copy of the court record of adoption for each adopted child. 

15. Are your parents financially dependent on you?

Yes  No (If "Yes," we will request additional information from you later.)

16. Do you have dependent children?

Yes  
 (If "No," Skip Items 17-21f.) Go to the bottom of page 3 and write your name and Social Security number.)

No

17. How many dependent children do you have?

\_\_\_\_\_

Give us more information about these children in the tables on the next page (Items 18 through 21f).

**SECTION III Tell us about your dependents (continued)**

18a. What is the name of your unmarried child(ren)? (first, middle initial, last)	18b. Date and place of birth (city/state or country)	18c. Social Security Number	19a. Biological	19b. Adopted	19c. Stepchild	20a. 18-23 yrs. old and in school	20b. Seriously disabled before age 18	20c. Child previously married
	_____ mo day yr Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ mo day yr Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ mo day yr Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ mo day yr Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Tell us about your dependents listed above who *don't live with you***

**21a . Do all the children listed above live with you?**  
 Yes (If "Yes," skip Items 21b thru 21f and write your name and Social Security number below.)  
 No (If "No," complete Item 21b and the table below (Items 21c -21f) and write your name and Social Security number below.)

**21b . How many of the children do not live with you?**  
 \_\_\_\_\_

21c. What is the name of your child? (first, middle initial, last)	21d. What is your child's complete address?	21e. What is the name of the person your child lives with (If applicable)? (first, middle initial, last)	21f. How much do you contribute each month to the support of your child?
			\$ .
			\$ .
			\$ .
			\$ .

<b>Your name</b>	<b>Your Social Security Number</b>
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