

VA Form 21-526, Part C: Dependency Use this form to tell us more about your dependents. Remember that you must also fill out a VA Form 21-526, Part A: General Information, Part B and/or Part D, for your application to be processed. Be sure to write your name and Social Security number in the space provided on page 3.

SECTION Tell us	1. What is your marital status?				
I about	☐ Married ☐ Surviving Spouse ☐ Divorced ☐ Never married				
your marriage	(If your spouse died, you are "divorced," or "never married" skip to Section III beginning on page 2)				
NOTE: You should provide	2. When were you married?	3. Where did you get married? (city/state or country)			
a copy of your marriage certificate	mo day yr				
	4. What is your spouse's name? First	Middle Last			
	5. When is your spouse's birthday?	What is your spouse's Social Security number?			
	mo day yr				
	7a. Is your spouse also a veteran? ☐ Yes ☐ No (If "Yes," answer Item 7b also)	7b. What is your spouse's VA file number (If any)?			
	B. Do you live with your spouse? Yes No D. What is your spouse's address?				
	Street address, rural route, or P.O. Box	Apt. number			
	City State	Zip code Country			
	Tell us why you are not living with your spouse	How much do you contribute monthly to your spouse's support?			
		<u> </u>			
	12. How were you married?				
	a. Ceremony by a clergyman or conther authorized public official discontinuous				
	b. Common-law e.	Other (please describe in the space below)			
VA.Form. 21-526					

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 previou	J	e you b	een married before?					
13b. When were you married? (city/state or con			13d. Who were you married to?	13e. When did your marriage	13f. Why did your marriage end?	13g. Where did your marriage end?		
		untry)	(first, middle initial, last)	end?	(death, divorce)			
mo day yr				mo day yr	-			
mo day yr				mo day yr	-			
Your spouse's	-	Ü	l s urrent spouse been marrie					
14b. When was your spouse married?	14c. Where was your spouse married?		14d. Who was your spouse married to?	14e. When did your spouse's	14f. Why did your spouse's marriage end?	14g. Where did your spouse's marriage end?		
mameu:	(city/state or country)		(first, middle initial, last)	marriage end?	(death, divorce)	(city/state or country)		
mo day yr				mo day yr	-			
mo day yr				mo day yr	-			
SECTION Tell us III about your other dependents dependents In this section we want to know whether your parents a (Question 15) and more about your dependent children biological children, adopted children, and stepchildren unmarried and: • be under the age of 18, or • be at least 18 but under 23 and pursuing an approve have become permanently unable to support themse				children. VA may recog children as dependent. T approved course of edu	nize a veteran's hese children must be ucation, or			
		15.	Are your parents financial ☐ Yes ☐ No (If "	• •	on you? lest additional information from	n you later.)		
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.		16. □ Y	Yes (If "No," Skip Items 17-21f.) Go to the bottom of page 3 and write your name		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).			
			and Social Security number.)					
		I			21-526, Pa	art C page 2		

SECTION III	Tell us about	your depend	lents (con	tinued)					
18a. What is the name of your unmarried child(ren)? (first, middle initial, last)	18b. Date and place of birth (city/state or country)	ce 18c. Social Security number		19a. Biologica	19b. al 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:								
	mo day yr Place:								
mo day yr Place:									
	mo day yr Place:								
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.)				How ma	iny of the ch	nildren do	not		
21c. What is the na of your child?	What is your cl	hild's ess?	21e. What is the name of the person your child lives with (If applicable)? 21f. How much do you contribute each month the support of your child					month to	
(first, middle initial, last)				(first, middle initial, last)			<i>\$</i>	•	
							\$		
							\$		
							\$		
Your name				Y	our Social	Security	Number		