Disability Claim Statement for Veterans

Veteran's Full Name
Date of Birth
Social Security Number
Social Security (Variable)
VA File Number
Current Address
Contact Phone Number
Email Address
Branch of Service
Service Dates (From - To)
Description of Disability (List all disabilities claimed)
Describe how this disability is related to your military service
Describe the impact of this disability on your daily life
Additional Comments

Date			
Signature			