



**VA DATE STAMP**  
**DO NOT WRITE IN THIS SPACE**

**SUPPLEMENT TO VA FORMS 21-526, 21-534, AND 21-535**  
**(For Philippine Claims)**

INSTRUCTIONS: All questions must be answered fully, clearly and correctly. If answer is unknown, write "unknown." If additional space is needed, use Item 24 "Remarks" and identify your answers by the item numbers to which they apply.

1. LAST NAME -FIRST NAME- MIDDLE NAME OF VETERAN		2. VA FILE NUMBER	
3A. LAST NAME - FIRST NAME - MIDDLE NAME OF CLAIMANT <i>(If other than Veteran)</i>		3B. ADDRESS OF CLAIMANT	
3C. RELATIONSHIP TO VETERAN <i>(Self, wife, child, mother, father)</i>			
3D. FULL MAIDEN NAME OF CLAIMANT'S MOTHER		3E. LAST NAME - FIRST NAME - MIDDLE NAME OF CLAIMANT'S FATHER	

**PART I - SERVICE INFORMATION OF VETERAN**

NOTE: List each period of active service. Show all service numbers, if known.

4. BRANCH OF SERVICE IN WHICH VETERAN SERVED *(Check if service is other than that shown in Items 6A-6G or 7A-7G)*

ARMY  NAVY  AIR FORCE  MARINE CORPS  COAST GUARD  OTHER *(Specify)*

5A. ENTERED SERVICE		5B. SERVICE NUMBER	5C. SEPARATED FROM SERVICE		5D. GRADE AND ORGANIZATION	
DATE	PLACE		DATE	PLACE		

**PHILIPPINE ARMY**

6A. ENTERED SERVICE		6B. SERVICE NUMBER	6C. SEPARATED FROM SERVICE		7D. DIVISION	7E. REGIMENT	7F. COMPANY	7G. RANK
DATE	PLACE		DATE	PLACE				

**GUERRILLA ORGANIZATION**

7A. ENTERED SERVICE		7B. SERVICE NUMBER	7C. NAME OF ORGANIZATION		7D. DIVISION	7E. REGIMENT	7F. COMPANY	7G. RANK
DATE	PLACE							

NOTE: Complete Items 8A through 12D only, if VA Form 21-526 is submitted. Skip to Item 13, if VA Form 21-534 or 21-535 is submitted.

8A. WERE YOU GIVEN A PHYSICAL EXAMINATION WHEN YOU ENLISTED AND/OR RETURNED TO MILITARY CONTROL? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," explain in Items 8B and 8C) (If "No," skip to Item 9A)</i>					8B. DATE EXAMINED	
8C. PLACE OF EXAMINATION <i>(Address)</i>		9A. AT THE TIME OF YOUR SEPARATION FROM SERVICE WERE THERE ANY COURT MARTIAL OR OTHER MILITARY CHARGES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," explain in Item 9B)</i>			9B. MILITARY CHARGES	
10A. DID YOU HAVE A COMBAT WOUND OR INJURY DURING ACTIVE SERVICE IN WORLD WAR II? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 10B)</i>			10B. AFFIDAVITS FROM COMRADES MUST BE FURNISHED <i>(Check one)</i> <input type="checkbox"/> AFFIDAVITS ATTACHED <input type="checkbox"/> AFFIDAVITS WILL BE FURNISHED AT A LATER DATE			
11. DO YOU HAVE ANY EVIDENCE TO PROVE YOUR MILITARY SERVICE AND/OR ANY CLINICAL OR MEDICAL RECORDS COVERING THE DISABILITIES FOR WHICH YOU CLAIM COMPENSATION? <i>(Check applicable box)</i> <input type="checkbox"/> RECORDS ARE ATTACHED <input type="checkbox"/> RECORDS WILL BE FURNISHED AT A LATER DATE <input type="checkbox"/> NO RECORDS AVAILABLE <i>(Explain here)</i>						
12A. ARE YOU NOW RECEIVING HOSPITALIZATION OR DOMICILIARY CARE FROM THE PHILIPPINE GOVERNMENT OR ANY OF ITS SUBDIVISIONS? <i>(If "Yes," complete Items 12B, 12C &amp; 12D)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		12B. DATE ENTERED INSTITUTION	12C. DISABILITY FOR WHICH YOU WERE TREATED IN THIS INSTITUTION		12D. NAME AND ADDRESS OF INSTITUTION	

**PART II - ACTIVITIES OF CLAIMANT DURING JAPANESE OCCUPATION**

13. WHERE DID YOU LIVE DURING THE FOLLOWING YEARS: <i>(State the province, municipality, barrio, and street)</i>	14. NAMES AND ADDRESSES OF YOUR EMPLOYERS FOR THE FOLLOWING YEARS: <i>(State if self-employed or unemployed)</i>
1942	1942
1943	1943
1944	1944
1945	1945

15A. WERE YOU A MEMBER OF ANY PRO-JAPANESE, PRO-GERMAN OR ANTI-AMERICAN-FILIPINO ORGANIZATIONS?  
 YES  NO *(If "Yes," complete Items 15B and 16. If "NO," skip to Item 17.)*

15B. ORGANIZATIONS *(Check all boxes that apply)*

<input type="checkbox"/> MAKAPILI	<input type="checkbox"/> PAMPAR	<input type="checkbox"/> MATSUYAMA BUTAI	<input type="checkbox"/> PEACE ARMY	<input type="checkbox"/> OTHER PRO-JAPANESE OR PRO-GERMAN OR ANTI-AMERICAN-FILIPINO ORGANIZATIONS <i>(Specify each below)</i>
<input type="checkbox"/> SAKDAL GANAP	<input type="checkbox"/> SHIN NICH I TAI	<input type="checkbox"/> SAKDAL	<input type="checkbox"/> JAPANESE-FILIPINO BROTHERHOOD ASSN.	
<input type="checkbox"/> MORISITA BUTAI	<input type="checkbox"/> HIRATA-TAI	<input type="checkbox"/> GANAP	<input type="checkbox"/> STANDING ARMY OF THE PHILIPPINES	
<input type="checkbox"/> YOIN	<input type="checkbox"/> NEW UNITY	<input type="checkbox"/> NEW LEADERS ASSOCIATION		

16. GIVE FACTS, CIRCUMSTANCES, AND REASON FOR JOINING THE ORGANIZATION(S) CHECKED IN ITEM 15B *(Give details)*

17A. DID YOU BELONG TO ANY OF THE ORGANIZATIONS LISTED IN ITEM 17B DURING THE JAPANESE OCCUPATION?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," complete Item 17B)</i>	17B. ORGANIZATIONS <i>(Check all boxes that apply)</i>  <input type="checkbox"/> BUREAU OF CONSTABULARY <input type="checkbox"/> MUNICIPAL POLICE FORCE <input type="checkbox"/> MANILA DEFENSE CORPS <input type="checkbox"/> PHILIPPINE CONSTABULARY
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18. IF YOU WERE A MEMBER OF ANY OF THE ORGANIZATIONS LISTED IN ITEM 17B, COMPLETE ITEMS 18A THROUGH 18F.

A. DID YOU AT ANY TIME OR IN ANY WAY ASSIST ANY GUERILLA UNITS OR THE RESISTANCE MOVEMENT?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," complete Item 18B)</i>	B. GIVE DETAILS
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C. GIVE THE NAMES OF PERSONS OR UNITS YOU ASSISTED

D. WERE YOUR SERVICES RECOGNIZED BY THE GUERILLAS OR LEADERS OF THE RESISTANCE MOVEMENT?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," complete Item 18E)</i>	E. STATE HOW AND BY WHOM
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F. DURING YOUR SERVICE IN THE ORGANIZATION DID YOU EVER DESERT OR LEAVE YOUR JOB?  
 YES  NO *(If "YES," check one of the following)*     YOU WERE REGARDED AS AWOL     YOU RETURNED OF YOUR OWN FREE WILL     YOU WERE PUNISHED FOR LEAVING

19A. DURING YOUR SERVICE DID YOU EVER ATTEMPT TO FIND OTHER WORK?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," complete Item 19B)</i>	19B. WHY NOT?
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20. DID YOU EVER TAKE ANY OATH OR AFFIRMATION, FORMALLY OR INFORMALLY, TO SUPPORT OR COOPERATE WITH THE JAPANESE OR GERMAN GOVERNMENTS, OR ANY FOREIGN GOVERNMENT, AGAINST THE UNITED STATES AND/OR ITS ALLIES; OR DID YOU EVER MAKE ANY FORMAL OR INFORMAL RENUNCIATION OF YOUR ALLEGIANCE TO THE UNITED STATES?

YES (If "YES," give the facts, circumstances and nature of the oath below)

NO

21A. AS A RESULT OF YOUR ACTIVITIES, WERE YOU (or any of your immediate family) EVER ARRESTED OR WERE ANY CHARGES FILED AGAINST YOU (or them) IN THE PEOPLE'S COURT, LOYALTY BOARD OF THE PHILIPPINE ARMY, LOYALTY BOARD OF THE U.S. ARMY, OR ANY OTHER AGENCY FOR HELPING OR AIDING THE JAPANESE ARMED FORCES OR THE JAPANESE PUPPET GOVERNMENT, OR ANY OTHER ENEMY OF THE UNITED STATES?

YES  NO (If "YES," complete Items 21B through 21G). (If "No," skip to Item 22A).

21B. NAME OF ACCUSING AGENCY		21C. NAME OF PERSON ACCUSED
21D. DATE ACCUSED	21E. PLACE	21F. NATURE OF THE CHARGE
21G. OUTCOME OF THE CASE		

**PART III - MISCELLANEOUS INFORMATION**

22A. HAVE YOU EVER APPLIED FOR ANY BENEFITS FROM THE PHILIPPINE GOVERNMENT?

YES  NO (If "YES," check Item 22B and/or Item 22C and complete information requested). (If "No," skip to Item 23).

**PHILIPPINE GOVERNMENT BENEFITS**

22B. <input type="checkbox"/> ARREARS IN PAY (back pay) FROM PHIL COM	AMOUNT OF SETTLEMENT	DATE	CLAIM NO.	OFFICE WITH WHICH FILED
22C. <input type="checkbox"/> PENSION WITH PHILIPPINE VETERAN'S BOARD	AMOUNT OF PENSION	DATE	CLAIM NO.	OFFICE WITH WHICH FILED

23. IF CLAIMANT IS THE WIDOW OF THE VETERAN, FURNISH THE FOLLOWING INFORMATION:

A. HAVE YOU LIVED AS THE WIFE OF ANY MAN SINCE THE DEATH OF THE VETERAN?

YES  NO (If "YES," Complete Items 23B through 23F). (If "No," skip to Item 24).

B. FULL NAME OF PERSON WITH WHOM YOU LIVED	C. ADDRESS OF PERSON WITH WHOM YOU LIVED
D. BEGINNING DATE OF THIS RELATIONSHIP (Give month, day and year)	E. PLACE OF RESIDENCE DURING EXISTENCE OF THIS RELATIONSHIP

F. WERE ANY CHILDREN BORN TO THIS RELATIONSHIP?

YES  NO (If "YES," furnish the following information)

NAME OF CHILD	DATE OF BIRTH	PLACE OF BIRTH

24. REMARKS

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information in order to determine continued eligibility for REPS benefits (38 U.S.C. 5101 (a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**25.CERTIFICATION**

I HEREBY CERTIFY THAT I  (have read)  (have had read to me) all the questions and answers in this application, that the answers to all the above questions are true and complete to the best of my knowledge and belief and that I have submitted all available information and evidence in support of this application, with full knowledge of the penalty provided for making a false statement as to a material fact in such application and knowing that if any statement is false, I may forfeit all rights to benefits from the United States Department of Veterans Affairs.

SIGNATURE OF CLAIMANT (If claimant can write, then he or she must sign the name. If claimant cannot write then affix thumbprint which must be witnessed by two persons who can write)

DATE

**WITNESS TO THUMBPRINT**

PRINT NAME (First-Middle-Last) AND ADDRESS OF WITNESS

SIGNATURE OF WITNESS

DATE

PRINT NAME (First-Middle-Last) AND ADDRESS OF WITNESS

SIGNATURE OF WITNESS

DATE