					OMB Approved No. 2900-0116 Respondent Burden: 15 minutes Expiration Date: XXXX
<b>1</b>	epartment of Vetera	ins Affairs			
NOTICE TO DEPARTMENT OF VETERANS OF VETERAN OR BENEFICIARY INCARCE IN PENAL INSTITUTION					1. VA FILE NUMBER ( <i>If known</i> )
		C., 1505, 3482, 3680 and 53 nent or discontinuance while			eterans Affairs benefits for veterans and
	ADDRESS OF VA REGIONAL OFFICE		NAME AND ADDRESS OF INSTITUTION		
то			FROM		
of 1974 or research st and deliver Pension, E Informatio <b>RESPONI</b> incarcerate review the displayed.	Title 38, Code of Federal Reg udies, the collection of money or ry of VA benefits, verification o iducation, and Vocational Rehat n submitted is subject to verifica <b>DENT BURDEN:</b> We need the rd. Title 38, United States Code 1 instructions, find the information You are not required to response	ulations 1.576 for routine uses (i.c wed to the United States, litigation f identity and status, and personnel bilitation and Employment Record tion through computer matching pr is information to determine the 1505, 3482, 3680, and 5313, allows n, and complete this form. VA card d to a collection of information if	e., civil or crimi in which the Un administration) as - VA, and pul rograms with oth adjustment or of s us to ask for this not conduct or s this number is	nal law enforcement, ited States is a party or as identified in the VA blished in the Federal er agencies. discontinuance of VA s information. We esti sponsor a collection of not displayed. Valid C	han what has been authorized under the Privacy Act congressional communications, epidemiological or r has an interest, the administration of VA programs A system of records, 58VA21/22/28, Compensation Register. Your obligation to respond is voluntary. benefits for veterans and beneficiaries who are mate that you will need an average of 15 minutes to information unless a valid OMB control number is DMB control numbers can be located on the OMB
Internet Page at http://www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.					
2. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN					
3A. SERVICE NUMBER		3B. SOCIAL SECURITY N	3B. SOCIAL SECURITY NO.		3C. DATE OF BIRTH
4. NAME OF PERSON INCARCERATED, IF OTHER THAN VETERAN 5. RELATIONSHIP TO VETERAN					
					DATE OF CONFINEMENT FOLLOWING CONVICTION
9. LENGTH OF SENTENCE		10. SCHEDULED RELEASE DATE		114	A. IS INDIVIDUAL IN A WORK RELEASE OR HALFWAY HOUSE PROGRAM?
				YES NO	
11B. DATE	ENTERED PROGRAM	12.	INSTITUTIONA	L TELEPHONE NUMBE	ER (Including Area Code)
13. REMARKS					
14. DATE S	4. DATE SIGNED 15. NAME AND TITLE OF INS		TUTIONAL OFFI	CIAL 16. SIGNATI	JRE OF INSTITUTIONAL OFFICIAL
VA FORM <b>21-4193</b> EXISTING STOCK OF VA FORM 21-4193, DEC 2010,					