



## **INSTRUCTIONS FOR VA FORM 21-534a**

PRINT ALL ANSWERS CLEARLY.

SIGN AND DATE THE APPLICATION.

MAKE A PHOTOCOPY OF THIS APPLICATION AND EVERYTHING YOU SUBMIT TO VA BEFORE YOU MAIL IT.

**NOTE** - All the information requested must be answered fully and clearly or action on your claim may be delayed. If you do not know the answer, write "unknown."

### **SPECIFIC INSTRUCTIONS**

**ITEMS 1-2** - Self-explanatory.

**ITEM 3** - Name of surviving spouse or person applying on behalf of minor children.

**ITEMS 4-12** -Self-explanatory.

**ITEM 13** - Expected date that new mailing address will be effective.

**ITEMS 14-17** - Self-explanatory.

**ITEMS 18-20** - To be completed by Military Casualty Assistance Officer.

**MINORS AND INCOMPETENT PERSONS** - If the person for whom the claim is being made is a minor or incompetent person, the application should be completed and filed by the legal guardian. If no legal guardian has been appointed, it may be completed and filed by some person acting on behalf of the minor or incompetent person.

THIS FORM, ALONG WITH THE SERVICEMEMBER'S DD FORM 1300, REPORT OF CASUALTY, SHOULD BE MAILED OR FAXED TO:

**DEPARTMENT OF VETERANS AFFAIRS  
REGIONAL OFFICE AND INSURANCE CENTER  
P.O. BOX 8079  
PHILADELPHIA, PA 19101**

**FAX NUMBER (215) 381-3084.**

For assistance in completing this application, or information about VA benefits and services, call us toll-free at 1-800-827-1000 (Hearing Impaired--TDD Line 1-800-829-4833).