OMB Control No. 2900-0114 Respondent Burden: 25 Minutes Expiration Date: XX/XX/XXXX

Department of Veterans Affairs

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

## STATEMENT OF MARITAL RELATIONSHIP

**INSTRUCTIONS**: This form is to be completed by the veteran (if living) and the person who is claiming to be the spouse or surviving spouse. Note: For the purposes of this form, the person who is claiming to be the spouse or surviving spouse is referred to as "spouse or surviving spouse." Print all answers clearly. Your answer to every question is important to help us complete your claim. If you do not know the answer, write "unknown." For additional space, use Item 17, "Remarks," or attach a separate sheet, indicating the item number to which the answers apply.

**IMPORTANT INFORMATION**: Submit any documents that show the veteran and the spouse or surviving spouse as husband and wife; for example, lease agreements, joint bank statements, utility bills, tax returns, insurance forms, employment records, and any other documents showing marital status. Please be advised that original documents will **not** be returned to you. We highly encourage you to submit certified copies instead.

advised that original documents will <b>not</b> be returned to you. We nightly encourage you to submit certified copies instead.							
SECTION I - INFORMATION ABOUT THE VETERAN AND THE SPOUSE OR SURVIVING SPOUSE							
1. NAME OF VETERAN (First, Midd	dle Initial, La	st)					
2. SOCIAL SECURITY NUMBER			3. VA FILE NUMBER	)	T		
2. SOCIAL SECONTT NOWBER			3. VA FILE NUMBER	<b>\</b>	4. DATE OF BIRTH (MM/	UU/YYYY)	
					_	_	
5. VETERAN'S SERVICE NUMBER (	If applicable)	6A. PREF	ERRED TELEPHONE NUMBER		6B. ALTERNATE TELEPHONE NUMBER		
o. VETETURIVO GENVIGE NOMBERA	" applicable)	(Include A	Area Code)		(Include Area Code)		
			_	_			
	SECTIO	N II - INF	ORMATION ABOUT	THE SPOUSE OR SUR	VIVING SPOUSE		
7. NAME OF SPOUSE OR SURVIVII							
8. SOCIAL SECURITY NUMBER OF	SPOUSE OR	SURVIVING	G SPOUSE		201105 00 01101 #1 #110 000	NIOE (MAIDD 1000)	
				9. DATE OF BIRTH OF SE	POUSE OR SURVIVING SPO	DUSE (MM/DD/YYYY)	
<u>_</u>							
10. COMPLETE ADDRESS OF VETE	RAN OR CLA	IMANT (N	umber and street or ru	ural route, P. O. Box, City	, State, ZIP Code and Co	ountry)	
		`			,,	3,	
No. &							
Street							
Apt./Unit Number		City					
State/Province	Country		ZIP Code/Postal (	Code	_		
		I III - INFO	ORMATION ABOUT	THE CLAIMED MARITA	L RELATIONSHIP		
11A. DATE YOU BEGAN LIVING AS	HUSBAND	11B. N	NAME(S) YOU WERE KI	NOWN BY BEFORE YOU B	EGAN LIVING AS HUSBAND	AND WIFE (First, Middle	
AND WIFE (MM/DD/YYYY)		Initial	, Last) ´				
11C. PLACE YOU BEGAN LIVING AS	S HUSBAND A	ND WIFE	(Include number and	street or rural route, P. C	D. Box, City, State,		
ZIP Code and Country)							
No. &							
Street							
Apt./Unit Number		City					
State/Province	Country		ZIP Code/Postal (	Code	-		
TO BE COMPLETED BY THE SF	POUSE OR S	SURVIVIN	NG SPOUSF.				
11D. AFTER YOU BEGAN LIVING W				ST NAMES			
TID: AI TER 100 BEGAN LIVING W		LIVAIN, DID	TOO OSE HIS/HER LA	ST NAME! ALWAYS	SOMETIMES N	EVER	
11E. WHAT DID YOU AGREE YOUR	RELATIONS	HP WOUL	D BE AT THE TIME YOU	J BEGAN LIVING TOGETHE	ER?		

VETERAN'S SOCIAL SECURITY NO.

	IVED TOGETHER CONTINUITIES  If "Yes," skip to Item 13)(I	OUSLY FROM THAT TIME UNTIL THIS	DATE (OR THE VE	TERAN'S DEATH)?	
		12. LIST ALL PERIODS OF	SEPARATION		
BEGINNING DATE (MM/DD/YYYY)	ENDING DATE (MM/DD/YYYY)	12. EIGH FIEL FERRIDGE G		R SEPARATION	
	42 LICT ALL DEDI	ODG OF TIME AND DI ACEC WILLE		C LILICDAND AND WIFE	
	1	ODS OF TIME AND PLACES WHEI	RE YOU LIVED A	22 HOZBAND AND MILE	
BEGINNING DATE (MM/DD/YYYY)	ENDING DATE (MM/DD/YYYY)	ADDR	ESS (Street add	dress, City, and State)	
		SECTION IV - INFORMATION ABO			
1MPORTANT INFO		tified copy of the public record of b	irth for each child	d listed in Item 14B.	
		4B) (If "No," skip to Item 15A)			
	ULL NAME OF CHILD (Fi		140	C. PLACE OF BIRTH (City/Stai	e or Country)
	SEC	TION V - INFORMATION ABOUT Y	OUR MARITAL	HISTORY	
please attach a separat	urnish complete informa	tion about all marriages of the vet g the requested information about the	eran and spouse		eed additional space,
15A HAS (HAD) THE VE	FERAN EVER LIVER WITH A	NOTHER PERSON AS HUSBAND AND	WIFE2		
☐YES ☐NO (	If "Yes," complete Items 1	5B through 15G) (If "No," skip to Iter	<u> </u>		
15B. DATE OF MARRIAGE (MM/DD/ YYYY) (C	15C. PLACE ity/State or country)	15D. TO WHOM MARRIED (First, Middle Initial, Last)	15E. DATE MARRIAGE ENDED (MM/DD/ YYYY)	15F. PLACE (City/State or country)	15G. HOW MARRIAGE ENDED (Death, divorce, etc.)
		ER LIVED WITH ANOTHER PERSON A: B through 16G) (If "No," skip to Item		VIFE?	

VE:	PINAGET	SOCIAL	SECURITY NO	

16B. DATE OF MARRIAGE (MM/DD/ YYYY)	16C. PLACE (City/State or country)	16D. TO WHOM MARRIED (First, Middle Initial, Last)	16E. DATE MARRIAGE ENDED (MM/DD/ YYYY)	16F. PLACE (City/State or country)	16G. HOW MARRIAGE ENDE (Death, divorce, etc.)	
17. REMARKS (If a	any)		•		•	
		ION VI - CERTIFICATION, SIGNAT				
		nent are true and correct to the best	of my knowledge		E SIGNED	
18A. SIGNATURE OF VETERAN (Sign in ink)						
19A. SIGNATURE OF CLAIMED SPOUSE OR SURVIVING SPOUSE (Sign in ink)				19B. DATE	19B. DATE SIGNED	
	SECTI	ON VII-WITNESSES TO SIGNATUR	RES IF MADE BY	/ "X" MARK		
	by mark must be witnessed by two jutnesses must be entered below.	persons to whom the veteran or the clair	med spouse or surv	iving spouse is personally known a	nd the signatures and	
20A. SIGNATURE	20A. SIGNATURE OF WITNESS (Sign in ink)  20B. ADDRESS OF WITNESS (Number and street, City, State and ZIP Code)					
21A SIGNATURE	OF WITNESS (Sign in ink)	21B. ADDRESS OF WITNESS	(Number and str	reet, City, State and ZIP Code)		
2 0.0.0.1. 01C						
PENALTY: The		ch include fine or imprisonment, or bot	h, for the willful s	ubmission of any statement or evi-	dence of a material fac	

PRIVACY ACT INFORMATION: 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, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c) (1). VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine eligibility for additional benefits as a spouse of a veteran or eligibility for pension or dependency and indemnity compensation as the surviving spouse of a veteran (38 U.S.C. 101, 103, and 1102). We estimate that you will need an average of 25 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.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.