



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.

SECTION I - INFORMATION ABOUT THE VETERAN AND THE SPOUSE OR SURVIVING SPOUSE

1. NAME OF VETERAN <i>(First, Middle Initial, Last)</i>		
2. SOCIAL SECURITY NUMBER — —	3. VA FILE NUMBER	4. DATE OF BIRTH (MM/DD/YYYY) — —
5. VETERAN'S SERVICE NUMBER <i>(If applicable)</i>	6A. PREFERRED TELEPHONE NUMBER <i>(Include Area Code)</i> — —	6B. ALTERNATE TELEPHONE NUMBER <i>(Include Area Code)</i> — —

SECTION II - INFORMATION ABOUT THE SPOUSE OR SURVIVING SPOUSE

7. NAME OF SPOUSE OR SURVIVING SPOUSE <i>(First, Middle Initial, Last)</i>	
8. SOCIAL SECURITY NUMBER OF SPOUSE OR SURVIVING SPOUSE — —	9. DATE OF BIRTH OF SPOUSE OR SURVIVING SPOUSE (MM/DD/YYYY) — —
10. COMPLETE ADDRESS OF VETERAN OR CLAIMANT (Number and street or rural route, P. O. Box, City, State, ZIP Code and Country) No. & Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code —	

SECTION III - INFORMATION ABOUT THE CLAIMED MARITAL RELATIONSHIP

11A. DATE YOU BEGAN LIVING AS HUSBAND AND WIFE <i>(MM/DD/YYYY)</i> — —	11B. NAME(S) YOU WERE KNOWN BY BEFORE YOU BEGAN LIVING AS HUSBAND AND WIFE <i>(First, Middle Initial, Last)</i>
11C. PLACE YOU BEGAN LIVING AS HUSBAND AND WIFE <i>(Include number and street or rural route, P. O. Box, City, State, ZIP Code and Country)</i> No. & Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code —	

TO BE COMPLETED BY THE SPOUSE OR SURVIVING SPOUSE:

11D. AFTER YOU BEGAN LIVING WITH THE VETERAN, DID YOU USE HIS/HER LAST NAME? ALWAYS SOMETIMES NEVER

11E. WHAT DID YOU AGREE YOUR RELATIONSHIP WOULD BE AT THE TIME YOU BEGAN LIVING TOGETHER?

11F. HAVE (HAD) YOU LIVED TOGETHER CONTINUOUSLY FROM THAT TIME UNTIL THIS DATE (OR THE VETERAN'S DEATH)?
 YES NO (If "Yes," skip to Item 13)(If "No," complete Item 12)

12. LIST ALL PERIODS OF SEPARATION

BEGINNING DATE (MM/DD/YYYY)	ENDING DATE (MM/DD/YYYY)	REASON FOR SEPARATION

13. LIST ALL PERIODS OF TIME AND PLACES WHERE YOU LIVED AS HUSBAND AND WIFE

BEGINNING DATE (MM/DD/YYYY)	ENDING DATE (MM/DD/YYYY)	ADDRESS (Street address, City, and State)

SECTION IV - INFORMATION ABOUT YOUR CHILDREN

IMPORTANT INFORMATION: Send a certified copy of the public record of birth for each child listed in Item 14B.

14A. HAVE YOU HAD CHILDREN TOGETHER?

YES NO (If "Yes," complete Item 14B) (If "No," skip to Item 15A)

14B. FULL NAME OF CHILD (First, Middle Initial, Last)	14C. PLACE OF BIRTH (City/State or Country)

SECTION V - INFORMATION ABOUT YOUR MARITAL HISTORY

INSTRUCTIONS: Furnish complete information about all marriages of the veteran and spouse or surviving spouse. If you need additional space, please attach a separate sheet of paper providing the requested information about the marriages.

IMPORTANT INFORMATION: Attach a copy of divorce decrees.

15A. HAS (HAD) THE VETERAN EVER LIVED WITH ANOTHER PERSON AS HUSBAND AND WIFE?

YES NO (If "Yes," complete Items 15B through 15G) (If "No," skip to Item 16A)

15B. DATE OF MARRIAGE (MM/DD/YYYY)	15C. PLACE (City/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.)

16A. HAS THE SPOUSE OR SURVIVING SPOUSE EVER LIVED WITH ANOTHER PERSON AS HUSBAND AND WIFE?

YES NO (If "Yes," complete Item 16B through 16G) (If "No," skip to Item 17)

