OMB Control No. 2900-0115 Respondent Burden: 20 Minutes Expiration Date: XX/XX/XXXX

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Department of Veterans Affairs
SUPPORTING STATEMENT REGARDING MARRIAGE
Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authoriz Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congression epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnidentified in the VA system of records, 58VA21/22,28, Compensation, Pension, Education, and Vocational Rehabilitation and I - VA, published in the Federal Register. Your obligation to respond is voluntary. The requested information is considered relevent elements are considered confidential (38 U.S.C. 5701). Information through computer matching programs with other agencies.

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

form to any source other than what has been authorized under the Privacy ises (i.e., civil or criminal law enforcement, congressional communications, ne United States, litigation in which the United States is a party or has an efits, verification of identity and status, and personnel administration) as ension, Education, and Vocational Rehabilitation and Employment Records oluntary. The requested information is considered relevant and necessary to it are considered confidential (38 U.S.C. 5701). Information submitted is

Respondent Burden: We need this information to determine eligibility for benefits based on a marital relationship between the claimant and the veteran (38 U.S.C. 101, 103, and 1102). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 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 and give your comments or ask for mailing information on where to send your comments.										
INSTRUCTIONS : Please complete all items. Your answer to every question is important to help us complete the claimant's 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.										
1. VETERAN/BENEFICIARY'S NAME (First, Middle Initial, Last)										
OA VETERANIO OCCIAL OFCURITY NUM	ADED.									
2A. VETERAN'S SOCIAL SECURITY NUM	/IBER	2B. VA FILE NUMBER								
		C/CSS-								
3. CLAIMED SPOUSE OR SURVIVING SPOUSE'S NAME (First, Middle Initial, Last)										
4A. NAME OF PERSON COMPLETING THIS FORM (First, Middle Initial, Last)										
4B. ADDRESS OF PERSON COMPLETING THIS FORM (Number and street, P.O. or rural route)										
No. & Street										
	City									
State/Province Country	ZIP Coc	de/Postal Cod	de		_					
TO THE VETERAN? (Parent, child, brother, sister, etc. If not related, state "None")	B. WHAT WAS / RELATIONSH CLAIMED SPO arent, child, broth lated, state"None"	IIP TO TH OUSE? er, sister, e	E		HOW LONG HAD/HA YOU KNOWN THE VETERAN? (Months, years)		B. HOW LONG HAD / HAVE YOU KNOWN THE CLAIMED SPOUSE? (Months, years)			
7A. HOW OFTEN HAD/HAVE YOU MET THE V	ETERAN?		7B. ON WHAT OCCASION(S) HAD/HAVE YOU MET THE VETERAN?							
7C. HOW OFTEN HAVE YOU MET THE CLAIM	ED SPOUSE?		7D. ON WHAT OCCASIONS HAVE YOU MET THE CLAIMED SPOUSE?							
8. WERE/ARE THE VETERAN AND THE CLAI KNOWN AS MARRIED? YES NO	ENERALLY 9. DID/DO EITHER THE VETERAN OR CLAIMED SPOUSE EVER DENY THE MARRIAGE? YES NO									
10A. DID/DO YOU CONSIDER THE VETERAN SPOUSE TO BE MARRIED?	ĒD	10B. FACT AND REASONS FOR SUCH BELIEF "REMARKS" (If necessary use section on reverse and key answers to item number)								
YES NO (If "Yes," complete Item 10B)										
11. NAME(S) BY WHICH S FIRST NAME				LAST NAME						
12A. HAD/HAVE YOU EVER HEARD THE VETERAN OR THE CLAIMED SPOUSE REFER TO EACH OTHER AS MARRIED TO ONE ANOTHER? YES NO (If "Yes," complete Items 12B and 12C)										
12B. DATE			12C. PLACE							

VETERAN'S SOCIAL SECURITY I	NO. —	_					
13A. DID/DO THE VETERAN	AND THE CLAIMED SPOUS	SE MAINTAIN A HOME AND L	IVE TOGETHER AS MARRIED	TO ONE ANOTHER?			
	Yes," complete Item 13B)		OLAIMED ODOLIOE HAD WAN I	- L II (FD TOOFTLIFD			
13B. PERIODS (BEGINNING DATE	ENDING DATE		CLAIMED SPOUSE HAD/HAVE	E LIVED TOGETHER STATE			
BEGINNING DATE	ENDING DATE		CITT OR TOWN	STATE			
1/A HAD/HAVE THE VETER	AND THE CLAIMED SPO	 	NTINI IOLISI V2				
	Yes," complete Item 14B)	DOGE LIVED TOOL THEN COI	NTINOCOSET :				
14B. EXPLANATION	,						
15A. HAD/HAS THE VETERA	N EVER ENTERED INTO AN	Y OTHER MARRIAGE(S)?					
	Yes," complete Item 15B)	()					
	158	B. OTHER MARRIAGES OF V					
TO WHOM MARRIED	DATE AND PLACE OF MARRIAGE	TYPE OF MARRIAGE	HOW MARRIAGE ENDED	DATE AND PLACE MARRIAGE ENDED			
	OI WARRIAGE	(Ceremonial, etc.)	(Death, divorce, etc.)	WARRIAGE ENDED			
		O ANY OTHER MARRIAGE(S))?				
☐ YES ☐ NO (If"	Yes," complete Item 16B)						
		HER MARRIAGES OF CLAIM	HOW MARRIAGE				
TO WHOM MARRIED	TO WHOM MARRIED DATE AND PLACE TYPE O OF MARRIAGE (Ceren		ENDED	DATE AND PLACE MARRIAGE ENDED			
			(Death, divorce, etc.)				
17. REMARKS							
		OFFITIE O A TION					
CEDTIEV THAT the foregoin	a statements are true and correct	CERTIFICATION	belief. I understand that this staten	nant will be considered in connect			
with an application for VA benefit	its based on a marital relationshi	p between the veteran and the per	son named in Item 3.				
18A. SIĜÑATURE				18B. DATE SIGNED			
I8C. DAYTIME TELEPHONE	NUMBER (Including Area C	ode) 18D. EVENI	NG TELEPHONE NUMBER (Inc	 cluding Area Code)			
	Trombal (Including II) on the						
	WITNESS T	O SIGNATURE IF MAD	E BY "X" MARK				
	t be witnessed by two persons to	whom the signer is personally ki	nown and the signature and address	ses of the witnesses must be entere			
below.	00	400 4000	TOO OF WITNESS				
19A. SIGNATURE OF WITNE	55	19B. ADDRI	19B. ADDRESS OF WITNESS				
20A. SIGNATURE OF WITNE	SS	120B. ADDRI	20B. ADDRESS OF WITNESS				

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.