OMB Approved No. 2900-0094 Respondent Burden: 15 minutes Expiration XXX/XX/XXXX

Department of Veterans Affairs

## VA DATE STAMP DO NOT WRITE IN THIS SPACE

## **SUPPLEMENT TO VA FORMS 21-526, 21-534, AND 21-535** (For Philippine Claims)

	MS: All questions must be dditional space is needed, they apply.										
nume vis to win	3 11 3	SECTION I - VETERAL	N'S IE	DENTIFICATION	ON INFORMATION	_					
NOTE: You can expedite process	either complete the forming the form.	online or by hand. If co	mplete	ed by hand, prin	at the information req	uested in in	k, neatly, ar	nd legibly to			
	ME (First, Middle Initial, Last)										
2 SOCIAL SECUE	RITY NUMBER (If one has been	assigned) 3. VA FILE	NUME	BER	4 DA	TE OF BIRT	H (MM/DD/YY	YY)			
<u>.</u>	tir i rombell tig one has been	assignea			Mo		Day	Year			
						_	_				
5. VETERAN'S SI	5. VETERAN'S SERVICE NUMBER (If applicable)										
	S	ECTION II - CLAIMAN				ı					
6. CLAIMANT'S N	AME (First, Middle Initial, Last)	(Please Complete	Secu	on II II Other	man veteran)						
0. 02	(1 000, 22000)										
7. MAILING ADDI	RESS (Number and street or rure	al route, P. O. Box, City, State,	ZIP Cod	de and Country)							
No. & Street											
Apt./Unit Number		City									
State/Province	Country	ZIP Code	/Postal	Code	_						
8. RELATIONSHI	P TO VETERAN (Self, wife, chi	ld, mother, father)		9. FULL MAIDE	EN NAME OF CLAIMANT	'S MOTHER					
10. NAME OF CL	AIMANT'S FATHER										
		SECTION III - VETI	ERAN	I'S SERVICE I	INFORMATION						
NOTE: List each	period of active service.	Show all service number	s, if k	nown.							
11. BRANCH OF SE	ERVICE IN WHICH VETERAN	SERVED (Check if service	is othe	r than that shown	in Items 12A-12G or 13	3A-13G)					
		MARINE CORPS C			HER (Specify)	1					
	TERED SERVICE	11B. SERVICE NUMBEI	۲	-	ATED FROM SERVICE	11D	. GRADE AND	ORGANIZAT	TION		
DATE	PLACE		-	DATE	PLACE	_					
		DI	HII ID	PINE ARMY							
12A. EN	TERED SERVICE	12B. SERVICE NUMBER			TED FROM SERVICE	12D.	12E.	12F.	12G.		
DATE	PLACE			DATE	PLACE	DIVISION		COMPANY	RANK		
GUERILLA ORGANIZATION											
13A. EN	TERED SERVICE	13B. SERVICE NUMBER	LLA		ORGANIZATION	13D.	13E.	13F.	13G.		
DATE	PLACE						REGIMENT	COMPANY	RANK		
			1			1	1	1	I		

NOTE: Complete Items 14A through 18D only, if VA Form 21-526 is submitted.	•							
14A. WERE YOU GIVEN A PHYSICAL EXAMINATION WHEN YOU ENLISTED AND/OR RETURNED TO MILITARY CONTROL?  14B. DATE EXAMINED								
YES NO (If "Yes," explain in Items 14B and 14C) (If "No," skip to Item 15A)  14C. PLACE OF EXAMINATION (Address)  15A. AT THE TIME OF YOUR SEPARATION FROM SERVICE WERE  15B. MILITARY CHARGES								
THERE ANY COURT MARTIAL OR OTHER MILITARY CHARGES?								
YES NO (If "Yes," explain in Item 15B)								
16A. DID YOU HAVE A COMBAT WOUND OR INJURY DURING ACTIVE SERVICE IN								
WORLD WAR II?	AFFIDAVITS AFFIDAVITS WILL BE FURNISHED							
☐ YES    ☐ NO (If "Yes," complete Item 16B)  17. DO YOU HAVE ANY EVIDENCE TO PROVE YOUR MILITARY SERVICE AND/OR.	ANY CLINICAL OR MEDICAL RECORDS COVERING THE DISABILITIES FOR							
WHICH YOU CLAIM COMPENSATION? (Check applicable box)	OLINO, L. ON MEDIO, L. NEGO, LOS GO. L. M.O							
☐ RECORDS ARE ATTACHED ☐ RECORDS WILL BE FURNISHED AT A LATER DATE								
NO RECORDS AVAILABLE (Explain here)								
HOSPITALIZATION OR ENTERED TREATED I	/ FOR WHICH YOU WERE IN THIS INSTITUTION 18D. NAME AND ADDRESS OF INSTITUTION							
DOMICILIARY CARE FROM THE INSTITUTION PHILIPPINE GOVERNMENT OR								
ANY OF ITS SUBDIVISIONS?								
☐ YES ☐ NO 18B, 18C & 18D)								
SECTION IV - ACTIVITIES OF CLAIMAN								
19. WHERE DID YOU LIVE DURING THE FOLLOWING YEARS:  (State the province, municipality, barrio, and street)	20. NAMES AND ADDRESSES OF YOUR EMPLOYERS FOR THE FOLLOWING YEARS: (State if self-employed or unemployed)							
1942	1942							
1943	1943							
1943	1943							
1944	1944							
1945	1945							
20A. WERE YOU A MEMBER OF ANY PRO-JAPANESE, PRO-GERMAN OR ANTI-AM	FRICAN-FILIPINO ORGANIZATIONS?							
YES NO (If "Yes," complete Items 20B and 21) (If "NO," skip to Item 2								
20B. ORGANIZATIONS (Check all boxes that apply)	OTHER PRO-JAPANESE OR PRO-GERMAN OR							
☐ MAKAPILI ☐ PAMPAR ☐ MATSUYAMA ☐ PEACE BUTAI ☐ ARMY	ANTI-AMERICAN-FILIPINO ORGANIZATIONS (Specify each below)							
☐ SAKDAL ☐ SHIN ☐ SAKDAL ☐ JAPANE GANAP NICHI TAI ☐ BROTHI	(Specify each below) ESE-FILIPINO ERHOOD ASSN.							
	NG ARMY OF							
□ □ NEW   FADERS	ILIPPINES							
☐ YOIN ☐ NEW UNITY ☐ ASSOCIATION  21. GIVE FACTS, CIRCUMSTANCES, AND REASON FOR JOINING THE ORGANIZAT	TON/S) CHECKED IN ITEM 20B. (Give details)							
21. GIVE FACTO, ORGONIO PRIVADE, FINE NEI CONT. ON COMMING THE CITE.	TON(O) OTLONED IN THEM 200 (One details)							
21A. DID YOU BELONG TO ANY OF THE ORGANIZATIONS LISTED IN ITEM 20B DURING THE JAPANESE OCCUPATION?	21B. ORGANIZATIONS (Check all boxes that apply)							
	☐ BUREAU OF CONSTABULARY ☐ MUNICIPAL POLICE FORCE							
☐ YES ☐ NO (If "YES," complete Item 21B)	☐ MANILA DEFENSE CORPS ☐ PHILIPPINE CONSTABULARY							

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IMPORTANT: IF YOU WERE A MEMBER OF ANY OF THE ORGANIZATIONS LISTED IN ITEM 20B, COMPLETE ITEMS 22A THROUGH 22F.									
22A. DID YOU AT ANY TIME OR IN ANY	WAY ASSIST ANY GUERILLA	UNITS OR	22B. GIVE DETAILS						
THE RESISTANCE MOVEMENT?									
Charles Charles activities in	( I( 22D)								
	☐ YES ☐ NO (If "YES," complete Item 22B)								
22C. GIVE THE NAMES OF PERSONS C	OR UNITS YOU ASSISTED								
22D. WERE YOUR SERVICES RECOGN OF THE RESISTANCE MOVEMENT		LEADERS	22E. STATE HOW AND E	3Y					
3 <u>2</u> <u>2</u>			WFIOIVI						
$\square$ YES $\square$ NO (If "YES," comple	eto Itom 22F)								
22F. DURING YOUR SERVICE IN THE C	<u> </u>	DESERT OR	I FAVE YOUR JOB?						
(If "YES," check of				VOLUMEDE DUNIQUED					
YES NO of the following)	AS AV	WERE REGAR NOL	DED YOU RETURN OWN FREE W						
23A. DURING YOUR SERVICE DID YOU ATTEMPT TO FIND OTHER WORK?	202								
ATTEMPT TO FIND OTHER WORK	(								
$\square$ YES $\square$ NO $\underbrace{(If "YES," comple}_{Item 23B)}$	te								
	L RAFFIRMATION FORMALLY (	OR INFORMAL	LY TO SUPPORT OR CO	OPERATE WITH THE JAPANESE OR GERMAN					
GOVERNMENTS, OR ANY FOREIGN	I GOVERNMENT, AGAINST TH	HE UNITED ST		S; OR DID YOU EVER MAKE ANY FORMAL OR					
INFORMAL RENUNCIATION OF YOU  YES If "VES." give the facts of									
(IJ "YES," give the Jacis, co	ircumstances and nature of the	oath below):							
□ NO									
25A. AS A RESULT OF YOUR ACTIVITIE IN THE PEOPLE'S COURT, LOYAL	S, WERE YOU (or any of your in Y BOARD OF THE PHILIPPIN'	nmediate family) E ARMY, LOY	EVER ARRESTED OR W ALTY BOARD OF THE U.S	/ERE ANY CHARGES FILED AGAINST YOU (or them) S. ARMY, OR ANY OTHER AGENCY FOR HELPING OR					
				R ENEMY OF THE UNITED STATES?					
YES NO (If "YES," complete Items 25B through 25G) (If "No," skip to Item 26A)									
25B. NAME OF ACCUSING AGENCY			25C. NAME OF PI	ERSON ACCUSED					
25D. DATE ACCUSED	25E. PLACE		25F. NATURE OF	THE CHARGE					
25G. OUTCOME OF THE CASE									
	SECTION V - M	ISCELLA	NEOUS INFORMA	TION					
26A. HAVE YOU EVER APPLIED FOR AN	NY BENEFITS FROM THE PHIL	IPPINE GOVE	RNMENT?						
YES NO (If "YES," check I	Item 26B and/or Item 26C and	complete infor	rmation reauested) (If "No	o " skin to Item 27)					
YES NO (If "YES," check Item 26B and/or Item 26C and complete information requested) (If "No," skip to Item 27)  PHILIPPINE GOVERNMENT BENEFITS									
26B.	AMOUNT OF SETTLEMENT	DATE	CLAIM NO.	OFFICE WITH WHICH FILED					
ARREARS IN PAY (back pay) FROM PHIL COM		<u> </u>							
26C.	AMOUNT OF PENSION	DATE	CLAIM NO.	OFFICE WITH WHICH FILED					
PENSION WITH PHILIPPINE VETERAN'S BOARD									
NOTE: IF CLAIMANT IS THE WIDON	<u></u>			ΓΙΟΝ:					
27A. HAVE YOU LIVED AS THE WIFE OF ANY MAN SINCE THE DEATH OF THE VETERAN?									
☐ YES ☐ NO (If "YES," complete Items 27B through 27F) (If "No," skip to Item 28)  27B. FULL NAME OF PERSON WITH WHOM YOU LIVED  27C. ADDRESS OF PERSON WITH WHOM YOU LIVED									
27B. FULL NAME OF PERSON WITH WE	IOM YOU LIVED		27C. ADDRESS OF PE	ERSON WITH WHOM YOU LIVED					

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١.	/ETEDANIC	COCIAI	SECURITY NO	

27D. BEGINNING DATE OF THIS RELATIONSHIP (Give month, day and year)		27E. PLACE OF RESIDENCE DURING EXISTENCE OF THIS RELATIONSHIP					
27F. WERE ANY CHILDREN BORN TO THIS RELATIONSHIP?	I						
YES NO (If "YES," furnish the following information)							
NAME OF CHILD	DATE OF B	BIRTH PLACE OF BIR	ТН				
28. REMARKS							
SECTION	N VI - CERTI	TIFICATION					
I HEREBY CERTIFY THAT I (have read) (have had read to me)							
all the questions and answers in this application, that the answers to all the above questions are true and complete to the best of my knowledge and belief and that I have submitted all available information and evidence in support of this application, with full knowledge of the penalty provided for making a false statement as to a material fact in such application and knowing that if any statement is false, I may forfeit all rights to benefits from the United States Department of Veterans Affairs.							
SIGNATURE OF CLAIMANT (If claimant can write, then he or she must sign the name. If claimant cannot write then affix thumbprint which must be witnessed by two persons who can write) (Sign in ink)							
WITNESS TO THUMBPRINT							
PRINT NAME (First-Middle-Last) AND ADDRESS OF WITNESS NUMBER	. 1						
SIGNATURE OF WITNESS (Sign in ink)			DATE				
PRINT NAME (First-Middle-Last) AND ADDRESS OF WITNESS NUMBER	2						
SIGNATURE OF WITNESS (Sign in ink)			DATE				
. <del>.</del>							

PRIVACY ACT NOTICE: The 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, Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information in order to determine continued eligibility for REPS benefits (38 U.S.C. 5101 (a)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 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 <a href="https://www.reginfo.gov/public/do/PRAMain.">www.reginfo.gov/public/do/PRAMain.</a> If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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