



**VA DATE STAMP**  
**(DO NOT WRITE IN THIS SPACE)**

## LAY/WITNESS STATEMENT

**INSTRUCTIONS:** Before completing this form, read the Privacy Act and Respondent Burden on page 3. Use this form to submit a statement as a veteran/claimant or someone writing on your behalf to support a claim. If you or someone else writing on your behalf are providing additional statement(s) to support your claim(s) please submit this form with your application. For more information, contact us at <https://iris.custhelp.va.gov>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms). After completing the form, mail to: **Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI, 53547-4444.**

### SECTION I: VETERAN'S IDENTIFICATION INFORMATION

**NOTE:** You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable circle to help expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)	
2. SOCIAL SECURITY NUMBER — —	3. VA FILE NUMBER (If applicable)
4. DATE OF BIRTH Month Day Year — —	5. VA INSURANCE FILE NUMBER (If applicable)
6. CURRENT MAILING ADDRESS (If applicable) (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 —	
7. TELEPHONE NUMBER (Include Area Code) — — Enter International Phone Number (If applicable)	8. E-MAIL ADDRESS <input type="radio"/> I agree to receive electronic correspondence from VA in regards to my claim.

### SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION (Complete this section ONLY IF the claimant is NOT the veteran)

9. CLAIMANT'S NAME (First, Middle Initial, Last)	
10. SOCIAL SECURITY NUMBER — —	11. VA FILE NUMBER (If applicable)
12. DATE OF BIRTH Month Day Year — —	13. VA INSURANCE FILE NUMBER (If applicable)
14. CURRENT MAILING ADDRESS (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 —	
15. TELEPHONE NUMBER (Include Area Code) — — Enter International Phone Number (If applicable)	16. E-MAIL ADDRESS <input type="radio"/> I agree to receive electronic correspondence from VA in regards to my claim.

**SECTION III: STATEMENT**

**(Use this section to submit your statement, or a statement from someone else writing on your behalf)**

**NOTE:** Please indicate the claimed issue that you are addressing. If you would like to submit an additional statement on your own behalf or if you have more than one witness writing on your behalf, use a separate form (VA Form 21-10210) for each statement.

17. STATEMENT (Note: Describe what you yourself know or have observed about the facts or circumstances relevant to this claim before VA)

[Empty text box for statement]

**SECTION III: STATEMENT (Continued)****(Use this section to submit your statement, or a statement from someone else writing on your behalf)**

17. STATEMENT (Note: Describe what you yourself know or have observed about the facts or circumstances relevant to this claim before VA)

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**SECTION IV: WITNESS CONTACT INFORMATION****(Complete Section IV and V if the statement in Section III is from someone else writing on your behalf)**

18. WITNESS NAME (First, Middle Initial, Last)

19. RELATIONSHIP TO VETERAN/CLAIMANT (Check all that apply)

- SERVED WITH VETERAN/CLAIMANT  
  FAMILY/FRIEND OF VETERAN/CLAIMANT  
  COWORKER/SUPERVISOR OF VETERAN/CLAIMANT  
 OTHER (Specify)

20. TELEPHONE NUMBER (Include Area Code)

21. E-MAIL ADDRESS

—      —  
 Enter International Phone Number  
 (If applicable)

**SECTION V: CERTIFICATION OF STATEMENT AND SIGNATURE****I CERTIFY THAT I have completed this statement and that its information is true and correct to the best of my knowledge and belief.**22A. VETERAN/CLAIMANT/WITNESS SIGNATURE (**REQUIRED**)

22B. DATE SIGNED

Month      Day      Year  
             —      —

**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, or for fraudulent receipt of any document to which you are not entitled.

**PRIVACY ACT NOTICE:** 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 voluntary.

**RESPONDENT BURDEN:** This form is used to submit a statement that supports a claim already pending or already established with VA. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 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](http://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.