



**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**

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 MARITAL RELATIONSHIP CLAIMED**

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, city or P. O., State and ZIP Code)</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 <i>(MM/DD/YYYY)</i>	ENDING DATE <i>(MM/DD/YYYY)</i>	REASON FOR SEPARATION
-            -	-            -	
-            -	-            -	
-            -	-            -	
-            -	-            -	

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

BEGINNING DATE <i>(MM/DD/YYYY)</i>	ENDING DATE <i>(MM/DD/YYYY)</i>	ADDRESS <i>(Street address, city, and State)</i>
-            -	-            -	
-            -	-            -	
-            -	-            -	

**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 <i>(First, Middle Initial, Last)</i>	14C. PLACE OF BIRTH <i>(City/State or Country)</i>

**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 copies 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 15M) (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.)
-      -		
15H. DATE OF MARRIAGE (MM/DD/YYYY)	15I. PLACE (City/State or country)	15J. TO WHOM MARRIED (First, Middle Initial, Last)
-      -		
15K. DATE MARRIAGE ENDED (MM/DD/YYYY)	15L. PLACE (City/State or country)	15M. HOW MARRIAGE ENDED (Death, divorce, etc.)
-      -		
16A. HAS THE SPOUSE OR SURVIVING SPOUSE EVER LIVED WITH ANOTHER PERSON AS HUSBAND AND WIFE? <input type="checkbox"/> YES <input type="checkbox"/> NO    (If "Yes," complete Item 16B through 16M) (If "No," skip to Item 17)		
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 ENDED (Death, divorce, etc.)
-      -		
16H. DATE OF MARRIAGE (MM/DD/YYYY)	16I. PLACE (City/State or country)	16J. TO WHOM MARRIED (First, Middle Initial, Last)
-      -		
16K. DATE MARRIAGE ENDED (MM/DD/YYYY)	16L. PLACE (City/State or country)	16M. HOW MARRIAGE ENDED (Death, divorce, etc.)
-      -		
17. REMARKS (If any)		

17. REMARKS (Continued)

**SECTION VI - CERTIFICATION AND SIGNATURE(S)**

**I CERTIFY THAT** the statements in this document are true and correct to the best of my knowledge and belief.

18A. SIGNATURE OF VETERAN ( <i>Sign in ink</i> )	18B. DATE SIGNED
19A. SIGNATURE OF CLAIMED SPOUSE OR SURVIVING SPOUSE ( <i>Sign in ink</i> )	19B. DATE SIGNED

**SECTION VII-WITNESSES TO SIGNATURE(S) IF MADE BY "X" MARK**

**NOTE:** Signature by mark must be witnessed by two persons to whom the veteran or the claimed spouse or surviving spouse is personally known and the signatures and addresses of the witnesses must be entered below.

20A. SIGNATURE OF WITNESS ( <i>Sign in ink</i> )	20B. ADDRESS OF WITNESS ( <i>Number and street, City, State and ZIP Code</i> )
21A. SIGNATURE OF WITNESS ( <i>Sign in ink</i> )	21B. ADDRESS OF WITNESS ( <i>Number and street, City, State and ZIP Code</i> )

**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.

**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 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 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](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.