**VA DATE STAMP** 

## Department of Veterans Affairs

## SUPPLEMENT TO VA FORMS 21-526, 21-534, AND 21-535

	(Fo	or Philip	pine Claims	s)							
	6: All questions must b litional space is needed, they apply.										
	(	SECTION	I - VETERAN'S	IDENTIFICATION	INFORMATION						
NOTE: You can <i>either</i> complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form.											
1. VETERAN'S NAMI	(First, Middle Initial, Last)										
2. SOCIAL SECURITY NUMBER (If one has been assigned)  3. VA FILE NUMBER  4. DATE OF							F BIRTH (MM/DD/YYYY)				
_	_	1 ussigned) 5. With EL NOWBER			Month	n Day Year — —					
5. VETERAN'S SER\	/ICE NUMBER (If applicable	e)									
0. 12.2.0 0 02.1.	rioz riomożni (ij appriedori	9									
	S			S IDENTIFICATION							
6 CLAIMANIT'S NAM	IE (First, Middle Initial, Last)		ase Complete se	ection II If <b>Other</b> Tha	in veteran)						
O. CLAIMANT S NAM	E (First, Miaate Initiat, Last)										
7. MAILING ADDRES No. & Street	SS (Number and street or rurd	ul route, P. O. I	Box, City, State, ZIP (	Code and Country)							
Apt./Unit Number		City									
State/Province Country ZIP Code/Postal Code -											
8. RELATIONSHIP T	8. RELATIONSHIP TO VETERAN (Self, wife, child, mother, father)  9. FULL MAIDEN NAME OF CLAIMANT'S MOTHER										
10. NAME OF CLAIMANT'S FATHER											
SECTION III - VETERAN'S SERVICE INFORMATION											
NOTE: List each p	period of active service.	Show all s	ervice numbers,	if known.							
11. BRANCH OF SEE	RVICE IN WHICH VETERA Y	N SERVED (	-		in Items 12A-12G or 13. ER (Specify)	4-13G)					
11A. ENTERED SERVICE 11B. SERVICE NUMBER 11C. SEPARATED FROM SERVICE 11D. GRADE AND C						ORGANIZA	TION				
DATE (MM/DD/YYYY)			PLACE								
· · · · · · · · · · · · · · · · · · ·											
PHILIPPINE ARMY											
12A. ENTE	RED SERVICE	12B. SER	VICE NUMBER	NUMBER 12C. SEPARATED FROM SERVICE 12D. 12E.			12F.	12G.			
DATE (MM/DD/YYYY)	PLACE			DATE (MM/DD/YYYY)	PLACE	DIVISION	REGIMENT	COMPANY	RANK		
GUERILLA ORGANIZATION											
13A. ENTERED SERVICE 13B. SERVICE NUMBER					ORGANIZATION	13D.	13E.	13F.	13G.		
DATE (MM/DD/YYYY)	M/DD/YYYY) PLACE					-1	REGIMENT	l I	RANK		

NOTE: Complete Items 14A through 18D only, if VA Form 21-526 is submitted. Skip to Item 19, if VA Form 21P-534 or 21P-535 is submitted.							
14A. WERE YOU GIVEN A PHYSICAL EXAMINATION WHEN YOU ENLISTED AND/OR RETURNED TO MILITARY CONTROL? 14B. DATE EXAMINED (MM/DD/YYYY)							
YES NO (If "Yes," explain in Items 14B and 14C) (If "No," skip to Item 15A)							
14C. PLACE OF EXAMINATION (Address)			ARATION FROM SERVICE WERE	_	B. MILITARY CHARGES		
	YES NO		L OR OTHER MILITARY CHARGE plain in Item 15B)	5!			
		(I) Tes, ex	. ,				
16A. DID YOU HAVE A COMBAT WOUND OR IN WORLD WAR II?	IJURY DURING ACTI	VE SERVICE IN	16B. AFFIDAVITS FROM CON	MRADES IV	MUST BE FURNISHED (Check one)		
YES NO (If "Yes," complete Item 1	(6B)		AFFIDAVITS WILL BE FU	RNISHED /	AT A LATER DATE		
17. DO YOU HAVE ANY EVIDENCE TO PROVE WHICH YOU CLAIM COMPENSATION? (Ch.		RVICE AND/OR	L ANY CLINICAL OR MEDICAL REC	ORDS CO	VERING THE DISABILITIES FOR		
RECORDS ARE ATTACHED	sen appricaere eeny						
RECORDS WILL BE FURNISHED AT A LATE	ER DATE						
NO RECORDS AVAILABLE (Explain here)							
18A. ARE YOU NOW RECEIVING 18E HOSPITALIZATION OR	B. DATE ENTERED		TY FOR WHICH YOU WERE O IN THIS INSTITUTION	18D. NA	ME AND ADDRESS OF INSTITUTION		
DOMICILIARY CARE FROM THE PHILIPPINE GOVERNMENT OR	INSTITUTION	INLATE	IN THIS INSTITUTION				
ANY OF ITS SUBDIVISIONS?	(MM/DD/YYYY)						
$\square$ YES $\square$ NO $\stackrel{(If "Yes," complete}{Items 18B, 18C & 18D)}$							
	V - ACTIVITIES (	OF CLAIMAN	IT DURING JAPANESE O	CCUPAT	TION		
19. WHERE DID YOU LIVE DURING T		RS:			EMPLOYERS FOR THE FOLLOWING		
(State the province, municipality 1942	, barrio, ana street)		YEARS: (State if self-employed or unemployed)  1942				
1942			1942				
1943			1943				
1944			1944				
1945			1945				
20A. WERE YOU A MEMBER OF ANY PRO-JAP  YES NO (If "Yes," complete Items				NS?			
20B. ORGANIZATIONS (Check all boxes that apply)  MATSUYAMA PEACE ARMY OTHER PRO-JAPANESE OR PRO-GERMAN OR							
SAKDAL SHIN BUTAI ARANGSE SHIJBINO							
GANAP UNICHI TAI SAKDAL JAPANESE-FILIPINO (Specify each below)  MORISITA HIRATA-TAI GANAP  BROTHERHOOD ASSN.							
BUTAI NEW LEADERS STANDING ARMY OF							
☐ YOIN ☐ NEW UNITY ☐ ASSOCIATION ☐ THE PHILIPPINES							
21. GIVE FACTS, CIRCUMSTANCES, AND REASON FOR JOINING THE ORGANIZATION(S) CHECKED IN ITEM 20B (Give details)							
21A. DID YOU BELONG TO ANY OF THE ORGA	NIZATIONS LISTED !	IN ITEM 20B	21B. ORGANIZATIONS (Check at	ll boxes the	at apply)		
DURING THE JAPANESE OCCUPATION?			BUREAU OF CONSTABULAR	RY MU	JNICIPAL POLICE FORCE		
YES NO (If "YES," complete Item.	21B)		MANILA DEFENSE CORPS	☐ PH	HILIPPINE 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 THE RESISTANCE MOVEMENT?  22B. GIVE DETAILS								
☐ YES ☐ NO (If "YES," co	☐ YES ☐ NO (If "YES," complete Item 22B)							
22C. GIVE THE NAMES OF PERSO	NS OR UNITS YOU ASSISTED	<b>"</b>						
22D. WERE YOUR SERVICES REC	OGNIZED BY THE GUERILLAS (	OR LEADERS 2	22E. STA	ATE HOW AND BY WHO	M			
	OF THE RESISTANCE MOVEMENT?							
22F. DURING YOUR SERVICE IN T		VER DESERT OR L	ΕΔ\/Ε V	OUR IOB?				
☐ YES ☐ NO (If "YES," ch	eck one YOU WERE R		YOU RI	ETURNED OF YOUR	YOU WERE PUNISHED			
of the follow		IOT2	OWN F	REE WILL	☐ FOR LEAVING			
23A. DURING YOUR SERVICE DID ATTEMPT TO FIND OTHER W		NOT?						
☐ YES ☐ NO (If "YES," co	mplete Item 23B)							
GOVERNMENTS, OR ANY FOR		THE UNITED STA			TE WITH THE JAPANESE OR GERMAN ID YOU EVER MAKE ANY FORMAL OR			
I	circumstances and nature of the							
□NO								
25A AS A RESULT OF VOLIR ACT	VITIES WERE VOLL (or any of you	ur immodiato family)	E\/ER Δ	PRESTED OR WERE AN	NY CHARGES FILED AGAINST YOU (or them) IN			
THE PEOPLE'S COURT, LOYA		IE ARMY, LOYALTY	y Boari	D OF THE U.S. ARMY, O	R ANY OTHER AGENCY FOR HELPING OR			
	mplete Items 25B through 25G)							
25B. NAME OF ACCUSING AGENC	25B. NAME OF ACCUSING AGENCY 25C. NAME OF PERSON ACCUSED							
25D. DATE ACCUSED (MM/DD/YYYY) 25E. PLACE				25F. NATURE OF THE CHARGE				
25G. OUTCOME OF THE CASE								
SECTION V - MISCELLANEOUS INFORMATION								
26A. HAVE YOU EVER APPLIED FOR ANY BENEFITS FROM THE PHILIPPINE GOVERNMENT?  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 (MM/DD/		CLAIM NO.	OFFICE WITH WHICH FILED			
ARREARS IN PAY (back pay) FROM PHIL COM								
26C.  PENSION WITH PHILIPPINE VETERAN'S BOARD	AMOUNT OF PENSION	DATE (MM/DD/	YYYY)	CLAIM NO.	OFFICE WITH WHICH FILED			
NOTE: IF CLAIMANT IS THE WIDOW OF THE VETERAN, FURNISH THE FOLLOWING INFORMATION:								
27A. HAVE YOU LIVED AS THE WIFE OF ANY MAN SINCE THE DEATH OF THE VETERAN?								
	mplete Items 27B through 27F)	(If "No," skip to Ite	em 28)					
27B. FULL NAME OF PERSON WIT	27B. FULL NAME OF PERSON WITH WHOM YOU LIVED  27C. ADDRESS OF PERSON WITH WHOM YOU LIVED							

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١	/F	ΓF	RΑ	N'.S	SOCIA	LSEC	URIT	$\gamma$ NO

27D. BEGINNING DATE OF THIS RELATIONSHIP (MM/DD/YYYY)	27E. PLACE OF RESIDENCE DU	JRING EXISTENCE OF THIS RELATION	ONSHIP				
OZE WEDE ANY OUR DREN DODN TO THE DELATION OF HE							
27F. WERE ANY CHILDREN BORN TO THIS RELATIONSHIP?	)						
YES NO (If "YES," furnish the following information	n)						
NAME OF CHILD	DATE OF BIRTH (MM/DD/YYYY)	PLACE OF I	BIRTH				
28. REMARKS							
Si	ECTION VI - CERTIFICATION	ON					
I HEREBY CERTIFY THAT I (have read) (have have	d d 42						
I HEREBY CERTIFY THAT I (have read) (have had all the questions and answers in this application, that the answers to		ad commisses to the best of my limeyyle	doe and haliaf and that I have				
submitted all available information and evidence in support of this							
fact in such application and knowing that if any statement is false,							
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 in							
	WITHERE TO THUMBERINT						
WITNESS TO THUMBPRINT							
PRINT NAME (First-Middle-Last) AND ADDRESS OF WITNESS N	JMBER 1						
SIGNATURE OF WITNESS (Sign in ink)			DATE (MM/DD/YYYY)				
PRINT NAME (First-Middle-Last) AND ADDRESS OF WITNESS N	JMBER 2						
SIGNATURE OF WITNESS (Signa in ind.)			DATE (MM/DD/VVVV)				
SIGNATURE OF WITNESS (Sign in ink)			DATE (MM/DD/YYYY)				
PRIVACY ACT NOTICE: The VA will not disclose information							
1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or							

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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