



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

**DOCUMENT EVIDENCE SUBMISSION**

**INSTRUCTIONS:** Read the Privacy Act and Respondent Burden on Page 2 before completing this form. This form is used for the submission of additional documentation or evidence in support of a claim. 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).

**SECTION I: VETERAN'S IDENTIFICATION INFORMATION**

**NOTE:** You may complete the form online or by hand. If completing by hand, print neatly and legibly in ink, 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 (MM-DD-YYYY)

— —

5. 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

—

6. TELEPHONE NUMBER (Include Area Code)

— —

Enter International Phone Number  
(If applicable)

7. E-MAIL ADDRESS

I agree to receive electronic correspondence from VA in regards to my claim.

**SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION**

(If other than veteran)

8. CLAIMANTS NAME (First, Middle Initial, Last)

9. SOCIAL SECURITY NUMBER

— —

10. VA FILE NUMBER (If applicable)

11. DATE OF BIRTH (MM-DD-YYYY)

— —

12. 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

—

13. TELEPHONE NUMBER (Include Area Code)

— —

Enter International Phone Number  
(If applicable)

14. E-MAIL ADDRESS

I agree to receive electronic correspondence from VA in regards to my claim.

**SECTION III: DOCUMENT/EVIDENCE TYPE YOU ARE SUBMITTING**

15. IS THIS FORM BEING SUBMITTED IN RESPONSE TO A REQUEST YOU RECEIVED FROM VA?

YES  NO

