OMB Approved No. 2900-0877 Respondent Burden: 5 Minutes Expiration Date: XX/XX/XXXX

Department of	of Veterans Affai
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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 additional information or questions you may contact us through Ask VA at: https://www.va.gov/contact-us or call us toll-free at 800-827-1000 (TTY: 711). VA forms are available at www.va.gov/vaforms.

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SECTION I: VETERAN'S IDENTIFICATION INFORMATION			
NOTE: You may complete the form online or by hand expedite processing of the form.	d. If completing by hand, print neatly and legibly in	ink, and completely fill in each applicable circle to help	
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 stree No. & Street	t or rural route, P.O. Box, City, State, ZIP Code and C	country)	
Apt./Unit Number City			
State/Province Country	ZIP Code/Postal Code	-	
6. TELEPHONE NUMBER (Include Area Code)	7. E-MAIL ADDRESS I agree to reco	eive electronic correspondence from VA in regards to my claim.	
— — —			
Enter International Phone Number (If applicable)			
SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION			
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)	14. E-MAIL ADDRESS I agree to re	eceive electronic correspondence from VA in regards to my claim.	
Enter International Phone Number (If applicable)			
SECTION III: DOCUMENT/EVIDENCE TYPE YOU ARE SUBMITTING			
15. IS THIS FORM BEING SUBMITTED IN RESPONSE YES NO	TO A REQUEST YOU RECEIVED FROM VA?		

16. IDENTIFY THE DOCUMENT(S) OR EVIDENCE YOU ARE SU NOTE : You may select one or more type(s), depending on the type		
○ BIRTH CERTIFICATE	O DEATH CERTIFICATE	
O DEPENDENCY INFORMATION	O DIVORCE DECREE	
FINANCIAL INFORMATION	MARRIAGE CERTIFICATE	
○ MEDICAL TREATMENT RECORDS	COURT PAPERS/DOCUMENTS	
○ MILITARY PERSONNEL RECORDS	O SERVICE TREATMENT RECORDS	
CLAY STATEMENT (Describe)		
OTHER (Describe)		
SECTION IV: CERTIFICATION AND SIGNATURE		
I CERTIFY THAT I have filled this form out completely and that it is	true and correct to the best of my knowledge and belief.	
17A. VETERAN/CLAIMANT'S SIGNATURE (REQUIRED)	17B. DATE SIGNED (MM-DD-YYYY)	
SECTION V: THIRD-PARTY SIGNATURE (Valid only if requester has an authorized third-party)		
I CERTIFY THAT the veteran/claimant has authorized me as the undersigned representative and certifies that the information contained in this document is true and complete to the best of the veteran/claimant's knowledge. NOTE: A third-party signature will not be accepted unless a valid VA Form 21-0845, Authorization to Disclose Personal Information to a Third-Party, is of record or attached to this request. A third-party may be a family member or other designated person who is not a Power of Attorney, agent, or fiduciary.		
18A.THIRD-PARTY SIGNATURE	18B. DATE SIGNED (MM-DD-YYYY)	
SECTION VI: POWER OF ATTORNEY (POA) SIGNATURE (Valid only if requester has an authorized POA representation)		
· · · · · · · · · · · · · · · · · · ·	ndersigned representative and certifies that the information contained in	
NOTE : A POA's signature <i>will not</i> be accepted unless a valid VA F	-	
19A. POA/AUTHORIZED REPRESENTATIVE SIGNATURE	19B. DATE SIGNED (MM-DD-YYYY)	
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.		
Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congruunted States, litigation in which the United States is a party or has an interest, the admin	ny source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of essional communications, epidemiological or research studies, the collection of money owed to the histration of VA programs and delivery of VA benefits, verification of identity and status, and appensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published	

in the Federal Register. Your obligation to respond is voluntary.

RESPONDENT BURDEN: This information will let us help you in support of or response to your claim. We estimate that you will need an average of 5 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. 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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