OMB Approved No. 2900-0094 Respondent Burden: 15 minutes Expiration Date: XX/XX/20XX

Department of Veterans Affairs

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

SUPPLEMENT TO VA FORMS 21-526EZ, 21P-534EZ, AND 21P-535 (For Philippine Claims)

INSTRUCTIONS: All questions must be answered fully, clearly and correctly. If answer is unknown, write "unknown." If additional space is needed, use Item 28 "Remarks" and identify your answers by the item numbers to which they apply.

numbers to which t	hey apply.								
		SECTION	I - VETERAN'	S IDENTIFICATION	INFORMATION				
NOTE: You can e expedite processin	either complete the form g the form.	m online or l	by hand. If com	pleted by hand, print	the information requ	uested in in	k, neatly, ar	nd legibly t	0
1. VETERAN'S NAMI	E (First, Middle Initial, Last)								
2. SOCIAL SECURIT	Y NUMBER (If one has bee	n assigned)	n assigned) 3. VA FILE NUMBER 4. DATE O			F BIRTH (MM/DD/YYYY)			
	()				Month	Day		Year	
_	_					_	_		
5. VETERAN'S SER\	/ICE NUMBER (If applicab	le)			I				
		SECTION II	- CLAIMANT	'S IDENTIFICATIO	N INFORMATION				
		(Pleas	se Complete Se	ection II If Other Th	an Veteran)				
6. CLAIMANT'S NAM	E (First, Middle Initial, Last)							
7. MAILING ADDRES	SS (Number and street or rur	al route, P. O. I	Box, City, State, ZIP	Code and Country)					
No. & Street									
Apt./Unit Number		City							
·	_	Oity							
State/Province	Country		ZIP Code/Postal	Code					
8. RELATIONSHIP T	O VETERAN (Self, Spouse,	Child, Parent)		9. FULL MAIDEN NA	ME OF CLAIMANT'S M	OTHER			
10. NAME OF CLAIM	ANT'S FATHER								
10.14 10.2 01 027 111	, at 1 0 1 / till Lit								
		SECTIO	ON III - VETER	AN'S SERVICE IN	FORMATION				
NOTE: List each p	period of active service	. Show all s	ervice numbers	, if known.					
11. BRANCH OF SEE	RVICE IN WHICH VETERA	AN SERVED (Check if service is	s other than that shown	in Items 12A-12G or 1.	3A-13G)			
ARMY NAV	Y AIR FORCE	MARINE C	CORPS CO	AST GUARD SPA	CE FORCE				
OTHER (Specify)	1								
11A. ENTE	RED SERVICE	11B. SERVICE NUMBER		11C. SEPARATED FROM SERVICE		11D. GRADE AND ORGANIZATION			TION
DATE (MM/DD/YYYY)	PLACE			DATE (MM/DD/YYYY)	PLACE				
404 ENTE	DED 0ED)#0E	100.050		LIPPINE ARMY	TD EDOM OF D) #05		I		
	RED SERVICE PLACE	12B. SER	VICE NUMBER		D FROM SERVICE PLACE	12D.	12E. REGIMENT	12F.	12G. RANK
DATE (MM/DD/YYYY)	PLACE	-		DATE (MM/DD/YYYY)	PLACE	Biviolott	TREGIMEIT	00111171111	10 1111
			GUERILI	A ORGANIZATIO	N	•			
	RED SERVICE	13B. SER	VICE NUMBER	13C. NAME OF	ORGANIZATION	13D.	13E.	13F.	13G.
DATE (MM/DD/YYYY)	PLACE	4				DIVISION	REGIMENT	COMPANY	RANK
						1	1	1	

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)							
THERE ANY COURT MARTIAL OR OTHER MILITARY CHARGES?					5B. MILITARY CHARGES		
	YES NO	(IJ Tes, expl	lain in Item 15B)				
16A. DID YOU HAVE A COMBAT WOUND OR IN WORLD WAR II? YES NO (If "Yes," complete Item 1		VE SERVICE IN	16B. AFFIDAVITS FROM CON AFFIDAVITS ATTACHED AFFIDAVITS WILL BE FUF		MUST BE FURNISHED (Check one)		
17. DO YOU HAVE ANY EVIDENCE TO PROVE WHICH YOU CLAIM COMPENSATION? (Ch.		RVICE AND/OR AI	NY CLINICAL OR MEDICAL REC	ORDS CO	OVERING THE DISABILITIES FOR		
RECORDS ARE ATTACHED RECORDS WILL BE FURNISHED AT A LATE NO RECORDS AVAILABLE (Explain here)	ER DATE				_		
HOSPITALIZATION OR DOMICILIARY CARE FROM THE PHILIPPINE GOVERNMENT OR ANY OF ITS SUBDIVISIONS?	B. DATE ENTERED INSTITUTION (MM/DD/YYYY)		BC. DISABILITY FOR WHICH YOU WERE TREATED IN THIS INSTITUTION 18D. NAME AND ADDRESS OF INSTI		AME AND ADDRESS OF INSTITUTION		
\square YES \square NO $\stackrel{(If "Yes," complete}{Items 18B, 18C & 18D)}$							
			DURING JAPANESE OC				
19. WHERE DID YOU LIVE DURING T (State the province, municipality		RS:	20. NAMES AND ADDRESSES OF YOUR EMPLOYERS FOR THE FOLLOWING YEARS: (State if self-employed or unemployed)				
1942	1	1942					
1943	1943						
1944		1	1944				
1945	1	1945					
20A. WERE YOU A MEMBER OF ANY PRO-JAPANESE, PRO-GERMAN OR ANTI-AMERICAN-FILIPINO ORGANIZATIONS? YES NO (If "Yes," complete Items 20B and 21) (If "NO," skip to Item 22)							
20B. ORGANIZATIONS (Check all boxes that apply) MAKAPILI PAMPAR MATSUYAMA BUTAI OTHER PRO-JAPANESE OR PRO-GERMAN OR SAKDAL SAKDAL SAKDAL SAKDAL GANAP HIRATA-TAI GANAP HIRATA-TAI GANAP NEW UNITY NEW UNITY ASSOCIATION THE PHILIPPINES OTHER PRO-JAPANESE OR PRO-GERMAN OR ANTI-AMERICAN-FILIPINO ORGANIZATIONS (Specify each below)							
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 DURING THE JAPANESE OCCUPATION?	NIZATIONS LISTED IN	N ITEM 20B	21B. ORGANIZATIONS <i>(Check al</i> BUREAU OF CONSTABULAR		at apply) UNICIPAL POLICE FORCE		
YES NO (If "YES," complete Item 21B)			☐ MANILA DEFENSE CORPS ☐ PHILIPPINE 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	mplete Item 22B)					
22C. GIVE THE NAMES OF PERSO	NS OR UNITS YOU ASSISTED	"				
22D. WERE YOUR SERVICES REC	OGNIZED BY THE GUERILLAS (OR LEADERS 2	22E. STA	ATE HOW AND BY WHO	M	
OF THE RESISTANCE MOVEN YES NO (If "YES," co	MENT? mplete Item 22E)					
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	Υ			25C. NAME OF PERSO	N ACCUSED	
25D. DATE ACCUSED (MM/DD/YYY	Y) 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?						
YES NO (If "YES," complete Items 27B through 27F) (If "No," skip to Item 28)						
27B. FULL NAME OF PERSON WIT	H WHOM YOU LIVED		27C.	ADDRESS OF PERSON	WITH WHOM YOU LIVED	

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١	/FTERANIS	SOCIAL	SECURITY NO.

27D. BEGINNING DATE OF THIS RELATIONSHIP (MM/DD/YYYY)	27E. PLACE OF RESIDENCE DURING EXISTENCE OF THIS RELATIONSHIP						
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 E	BIRTH				
28. REMARKS							
SI	ECTION VI - CERTIFICATIO	N					
I HEREBY CERTIFY THAT I (have read) (have had all the questions and answers in this application, that the answers to submitted all available information and evidence in support of this fact in such application and knowing that if any statement is false,	o all the above questions are true an application, with full knowledge of	the penalty provided for making a fa	alse statement as to a material				
29A SIGNATURE OF CLAIMANT (Required) (If claimant can write, then they must sign their name. If claimant cannot write then affix thumbprint which must be witnessed by two persons who can write.)							
Month			y Year				
		_	_				
WITNESS TO THUMBPRINT							
30A.PRINT NAME (First-Middle Initial-Last) AND ADDRESS OF W	/ITNESS NUMBER 1						
30B. SIGNATURE OF WITNESS (Sign in ink)			30C. DATE (MM/DD/YYYY)				
31A. PRINT NAME (First-Middle Initial-Last) AND ADDRESS OF V	VITNESS NUMBER 2						
31B. SIGNATURE OF WITNESS (Sign in ink)			31C. DATE (MM/DD/YYYY)				
			. ,				
PENALTY The law provides severe penalties which include fine	or imprisonment or both for the w	rillful submission of any statement or	avidance of a motorial fact				

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 is false, or for fraudulent receipt of any payment to which you are not entitled.

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, Veteran Readiness 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: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0094, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov Please refer to OMB Control No. 2900-0094 in any correspondence. Do not send your completed VA Form 21-4169 to this email address.

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