



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.

SECTION I - VETERAN'S IDENTIFICATION INFORMATION

NOTE: You can *either* 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 NAME (First, Middle Initial, Last)

2. SOCIAL SECURITY NUMBER (If one has been assigned)

3. VA FILE NUMBER

4. DATE OF BIRTH (MM/DD/YYYY)

5. VETERAN'S SERVICE NUMBER (If applicable)

SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION
 (Please Complete Section II If Other Than Veteran)

6. CLAIMANT'S NAME (First, Middle Initial, Last)

7. 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

8. RELATIONSHIP TO VETERAN (Self, Spouse, Child, Parent)

9. FULL MAIDEN NAME OF CLAIMANT'S MOTHER

10. NAME OF CLAIMANT'S FATHER

SECTION III - VETERAN'S SERVICE INFORMATION

NOTE: List each period of active service. Show all service numbers, if known.

11. BRANCH OF SERVICE IN WHICH VETERAN SERVED (Check if service is other than that shown in Items 12A-12G or 13A-13G)

ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD SPACE FORCE USPHS NOAA

SELECTED SERVICE (Note: Members or former members of the Selected Reserve (Army, Air Force, Coast Guard, Marine Corps, or Naval Reserve, Air National Guard, or Army National Guard) who served at least one enlistment or, in the case of an officer, the period of initial obligation, or were discharged for disability incurred or aggravated in line of duty.)

OTHER (Specify)

11A. ENTERED SERVICE		11B. SERVICE NUMBER	11C. SEPARATED FROM SERVICE		11D. GRADE AND ORGANIZATION
DATE (MM/DD/YYYY)	PLACE		DATE (MM/DD/YYYY)	PLACE	

PHILIPPINE ARMY

12A. ENTERED SERVICE		12B. SERVICE NUMBER	12C. SEPARATED FROM SERVICE		12D.	12E.	12F.	12G.
DATE (MM/DD/YYYY)	PLACE		DATE (MM/DD/YYYY)	PLACE	DIVISION	REGIMENT	COMPANY	RANK

GUERRILLA ORGANIZATION

13A. ENTERED SERVICE		13B. SERVICE NUMBER	13C. NAME OF ORGANIZATION	13D.	13E.	13F.	13G.
DATE (MM/DD/YYYY)	PLACE			DIVISION	REGIMENT	COMPANY	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? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," explain in Items 14B and 14C) (If "No," skip to Item 15A)			14B. DATE EXAMINED (MM/DD/YYYY)
14C. PLACE OF EXAMINATION (Address)	15A. AT THE TIME OF YOUR SEPARATION FROM SERVICE WERE THERE ANY COURT MARTIAL OR OTHER MILITARY CHARGES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," explain in Item 15B)		15B. MILITARY CHARGES
16A. DID YOU HAVE A COMBAT WOUND OR INJURY DURING ACTIVE SERVICE IN WORLD WAR II? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 16B)		16B. AFFIDAVITS FROM COMRADES MUST BE FURNISHED (Check one) <input type="checkbox"/> AFFIDAVITS ATTACHED <input type="checkbox"/> AFFIDAVITS WILL BE FURNISHED AT A LATER DATE	
17. DO YOU HAVE ANY EVIDENCE TO PROVE YOUR MILITARY SERVICE AND/OR ANY CLINICAL OR MEDICAL RECORDS COVERING THE DISABILITIES FOR WHICH YOU CLAIM COMPENSATION? (Check applicable box) <input type="checkbox"/> RECORDS ARE ATTACHED <input type="checkbox"/> RECORDS WILL BE FURNISHED AT A LATER DATE <input type="checkbox"/> NO RECORDS AVAILABLE (Explain here) _____			
18A. ARE YOU NOW RECEIVING HOSPITALIZATION OR DOMICILIARY CARE FROM THE PHILIPPINE GOVERNMENT OR ANY OF ITS SUBDIVISIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 18B, 18C & 18D)	18B. DATE ENTERED INSTITUTION (MM/DD/YYYY)	18C. DISABILITY FOR WHICH YOU WERE TREATED IN THIS INSTITUTION	18D. NAME AND ADDRESS OF INSTITUTION
SECTION IV - ACTIVITIES OF CLAIMANT DURING JAPANESE OCCUPATION			
19. WHERE DID YOU LIVE DURING THE FOLLOWING YEARS: (State the province, municipality, barrio, and street)		20. NAMES AND ADDRESSES OF YOUR EMPLOYERS FOR THE FOLLOWING YEARS: (State if self-employed or unemployed)	
1942		1942	
1943		1943	
1944		1944	
1945		1945	
20A. WERE YOU A MEMBER OF ANY PRO-JAPANESE, PRO-GERMAN OR ANTI-AMERICAN-FILIPINO ORGANIZATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 20B and 21) (If "NO," skip to Item 22)			
20B. ORGANIZATIONS (Check all boxes that apply)			
<input type="checkbox"/> MAKAPILI	<input type="checkbox"/> PAMPAR	<input type="checkbox"/> MATSUYAMA BUTAI	<input type="checkbox"/> PEACE ARMY
<input type="checkbox"/> SAKDAL	<input type="checkbox"/> SHIN	<input type="checkbox"/> SAKDAL	<input type="checkbox"/> JAPANESE-FILIPINO BROTHERHOOD ASSN.
<input type="checkbox"/> GANAP	<input type="checkbox"/> NICHU TAI	<input type="checkbox"/> GANAP	<input type="checkbox"/> OTHER PRO-JAPANESE OR PRO-GERMAN OR ANTI-AMERICAN-FILIPINO ORGANIZATIONS (Specify each below)
<input type="checkbox"/> MORISITA BUTAI	<input type="checkbox"/> HIRATA-TAI	<input type="checkbox"/> NEW LEADERS ASSOCIATION	<input type="checkbox"/> STANDING ARMY OF THE PHILIPPINES
<input type="checkbox"/> YOIN	<input type="checkbox"/> NEW UNITY		
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 ORGANIZATIONS LISTED IN ITEM 20B DURING THE JAPANESE OCCUPATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Item 21B)		21B. ORGANIZATIONS (Check all boxes that apply) <input type="checkbox"/> BUREAU OF CONSTABULARY <input type="checkbox"/> MUNICIPAL POLICE FORCE <input type="checkbox"/> MANILA DEFENSE CORPS <input type="checkbox"/> PHILIPPINE CONSTABULARY	

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 GUERRILLA UNITS OR THE RESISTANCE MOVEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Item 22B)		22B. GIVE DETAILS		
22C. GIVE THE NAMES OF PERSONS OR UNITS YOU ASSISTED				
22D. WERE YOUR SERVICES RECOGNIZED BY THE GUERRILLAS OR LEADERS OF THE RESISTANCE MOVEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Item 22E)		22E. STATE HOW AND BY WHOM		
22F. DURING YOUR SERVICE IN THE ORGANIZATION DID YOU EVER DESERT OR LEAVE YOUR JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," check one of the following) <input type="checkbox"/> YOU WERE REGARDED AS AWOL <input type="checkbox"/> YOU RETURNED OF YOUR OWN FREE WILL <input type="checkbox"/> YOU WERE PUNISHED FOR LEAVING				
23A. DURING YOUR SERVICE DID YOU EVER ATTEMPT TO FIND OTHER WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Item 23B)		23B. WHY NOT?		
24. DID YOU EVER TAKE ANY OATH OR AFFIRMATION, FORMALLY OR INFORMALLY, TO SUPPORT OR COOPERATE WITH THE JAPANESE OR GERMAN GOVERNMENTS, OR ANY FOREIGN GOVERNMENT, AGAINST THE UNITED STATES AND/OR ITS ALLIES; OR DID YOU EVER MAKE ANY FORMAL OR INFORMAL RENUNCIATION OF YOUR ALLEGIANCE TO THE UNITED STATES? <input type="checkbox"/> YES (If "YES," give the facts, circumstances and nature of the oath below): <input type="checkbox"/> NO				
25A. AS A RESULT OF YOUR ACTIVITIES, WERE YOU (or any of your immediate family) EVER ARRESTED OR WERE ANY CHARGES FILED AGAINST YOU (or them) IN THE PEOPLE'S COURT, LOYALTY BOARD OF THE PHILIPPINE ARMY, LOYALTY BOARD OF THE U.S. ARMY, OR ANY OTHER AGENCY FOR HELPING OR AIDING THE JAPANESE ARMED FORCES OR THE JAPANESE PUPPET GOVERNMENT, OR ANY OTHER ENEMY OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Items 25B through 25G) (If "No," skip to Item 26A)				
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? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," check Item 26B and/or Item 26C and complete information requested) (If "No," skip to Item 27)				
PHILIPPINE GOVERNMENT BENEFITS				
26B. <input type="checkbox"/> ARREARS IN PAY (back pay) FROM PHIL COM	AMOUNT OF SETTLEMENT	DATE (MM/DD/YYYY)	CLAIM NO.	OFFICE WITH WHICH FILED
26C. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Items 27B through 27F) (If "No," skip to Item 28)				
27B. FULL NAME OF PERSON WITH WHOM YOU LIVED		27C. ADDRESS OF PERSON WITH WHOM YOU LIVED		

VETERAN'S SOCIAL SECURITY NO. — —

27D. BEGINNING DATE OF THIS RELATIONSHIP (MM/DD/YYYY)	27E. PLACE OF RESIDENCE DURING EXISTENCE OF THIS RELATIONSHIP
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27F. WERE ANY CHILDREN BORN TO THIS RELATIONSHIP?
 YES NO (If "YES," furnish the following information)

NAME OF CHILD	DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH

28. REMARKS

SECTION VI - CERTIFICATION

I HEREBY CERTIFY THAT I (have read) (have had read to me)
all the questions and answers in this application, that the answers to all the above questions are true and complete to the best of my knowledge and belief and that I have submitted all available information and evidence in support of this application, with full knowledge of the penalty provided for making a false statement as to a material fact in such application and knowing that if any statement is false, I may forfeit all rights to benefits from the United States Department of Veterans Affairs.

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.)	29B. DATE Month Day Year — —
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WITNESS TO THUMBPRINT

30A. PRINT NAME (First-Middle Initial-Last) AND ADDRESS OF WITNESS NUMBER 1

30B. SIGNATURE OF WITNESS (Sign in ink)	30C. DATE (MM/DD/YYYY)
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31A. PRINT NAME (First-Middle Initial-Last) AND ADDRESS OF WITNESS NUMBER 2

31B. SIGNATURE OF WITNESS (Sign in ink)	31C. DATE (MM/DD/YYYY)
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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.