

VETERAN'S DATA RECORD

Full Name _____

Address _____
Street City State Zip

Date of Birth _____ Place of Birth _____
City County State

Spouses Full Name _____

Spouses Birth Date _____ Place of Birth _____
City County State

Present Marriage _____
Date City County State

Location of Marriage Certificate _____

Children's Names _____

Previous Marriages (Names, Dates, Places) _____

Date of Enlistment _____ Place _____

Date of Discharge _____ Place _____

Type of Discharge _____ Recorded at _____
City County State

Branch of Service _____ Social Security # _____ Service # _____

V.A. Claim Number _____ Receiving Compensation \$ _____ Pension Amount \$ _____

Veterans Records Maintained at _____

Personal Records Located at _____
Home - Bank - Lock Box Number

Will Date _____ Located at _____

Government Life Insurance Policy # _____ Amount \$ _____

Commercial Life Insurance Policy # _____ Amount \$ _____

Bank Accounts - Bank _____ Number _____

Bank Accounts - Bank _____ Number _____

Mortgage - Bank or Loan Company _____

Miscellaneous _____

YOU HAVE EARNED THE RIGHT TO CERTAIN VETERANS BENEFITS. This form will make it easier for your family to file for benefits in case of emergency. Retain a copy of this form in a place readily accessible.