Department of V	eterans Affairs	DECLA	RATION OF	STATUS OF	DEPENDENTS	
Title 38, Code of Federal Regulatic studies, the collection of money ow delivery of VA benefits, verificatic Pension, Education, and Vocationa benefits. Giving us your and your of whom benefits are claimed under 1 the SSN is required by Federal State	ons 1.576 for routine uses (ved to the United States, lit on of identity and status, an al Rehabilitation Records - dependents' SSN account in fitle 38 USC 5101 (c)(1). T tute of law in effect prior to the agencies for the purpose	i.e., civil or crim igation in which d personnel adm VA, and publish formation is ma the VA will not co January 1, 1975 of determining V	inal law enforcement the United States is inistration) as identified in the Federal Reg ndatory. Applicants leny an individual b 5, and still in effect. 1 our eligibility to rec	t, congressional communia a party or has an interest. ĭed in the VA system of jister. Your obligation to are required to provide the mefits for refusing to pro- nformation that you furr- eive VA benefits, as well	authorized under the Privacy Act of 1974 or nications, epidemiological or research , the administration of VA programs and records, 58VA21/22/28, Compensation, or espond is required to obtain or retain heir SSN and the SSN of any dependents for ovide his or her SSN unless the disclosure of hish may be utilized in computer matching I as to collect any amount owed to the United	
38, United States Code, allows us t and complete this form. VA cannot collection of information unless a v OMB control numbers can be locat 1-800-827-1000 to get information	to ask for this information. t conduct or sponsor a collevalid OMB number is displated on the OMB Internet P on where to send commer	We estimate that ection of informa ayed. You are no age at <u>www.whit</u> its or suggestions	t you will need an av tion unless a valid C of required to respond <u>ehouse.gov/omb/libr</u> about this form.	erage of 15 minutes to re MB control number is d d to a collection of inforr ary/OMBINV.VA.EPA.		
spouse, the veteran must sign in	n Item 17. When you ha				ess the claimant is the veteran's surviving office.	
1A. FIRST - MIDDLE - LAST NAME C	2A. NAME OF (CLAIMANT (If other i	3. FILE NUMBER			
1B. VETERAN'S SOCIAL SECURITY	2B. CLAIMANT	'S SOCIAL SECURIT	 C-			
4A. ADDRESS OF CLAIMANT (No. a	nd street or rural route, ci	ty or P.O., State	and ZIP Code)			
4B. E-MAIL ADDRESS OF CLAIMAN	T (If applicable)					
5A. MARITAL STATUS (Check one) MARRIED DIVORC WIDOWED SEPARA		ed, skip to Item 14)"	" 5B. IF MARRIED, SPOUSE'S DATE OF BIRTH month day year			
NOTE: You must furnish compl more than three times, list addit					If you or your spouse have been married	
			ETERAN'S MAR			
6. HOW MANY TIMES HAVE YOU BE	EEN MARRIED? (Including	current marriag	re)			
7A. DATE AND PLACE OF MARRIAGE (City,/State or Country) 7B. TO WHOM MAI (First, middle, last				7D. HOW MARRIAGE TERMINATED (Death, Divorce)	7E. DATE AND PLACE TERMINATED (City/State or Country)	
month day year Place:						
month day year Place:					month day year Place:	
month day year Place:					month day year Place:	
8. HOW MANY TIMES HAS THE VET			SE'S PREVIOUS		cont matricea)	
9A. DATE AND PLACE	. TO WHOM M		9C. HOW MARRIAGE	9D. DATE AND PLACE		
OF MARRIAGE		(First, middle, la		TERMINATED (Death, Divorce)	TERMINATED	
month day year Place:					month day year Place:	
month day year Place:					month day year Place:	
<i>month day year Place:</i> VA FORM 21 6960	EXISTING STC	OCKS OF VA FOF	RM 21-686c, NOV 200)4,	month day year Place:	
VA FORM MAR 2009 21-686c	WILL BE USED			,		

10A. IS YOUR SPOUSE ALSO A VETERAN?			10B. \	10B. WHAT IS YOUR SPOUSE'S VA FILE NUMBER (<i>If any</i>)?								
\square YES \square NO $(If "Yes," answer Item 10B also. If "No," skip to Item 11.)$												
11. DO YOU LIVE WITH YOUF	7		12. W	12. WHAT IS YOUR SPOUSE'S ADDRESS?								
\square YES \square NO $(If "Yes, " skip to Item 14A. If "No, answer Items 12 and 13 also.)$			nd									
13. HOW MUCH DO YOU CONTRIBUTE MONTHLY TO YOUR SPOUSE'S SUPPORT?												
\$												
SECTION III - VETERAN'S UNMARRIED CHILDREN NOTE: If any child is claimed as "seriously disabled" (Item 14H), it must be shown that the child became permanently unable to support him/herself												
before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.												
Note: In Items 14A through 14I, check all boxes that apply.												
14A. NAME OF CHILD (first, middle initial, last)	14B. DATE AND PLACE OF BIRTH (city, state or country)	14C. SOCIAL SECURITY NUMBER	14D. BIO - LOGICAL	14E. ADOPT - ED	14F. STEP - CHILD		14H. SERIOUSLY DISABLED	14I. CHILD PREVIOUSLY MARRIED				
	<u>mo day yr</u> PLACE:											
	<u>mo day yr</u> PLACE:											
	mo day yr PLACE:											
Note: If any of the children	n listed above don't live w	vith you, complete Ite	ms 15A thro	ugh 15C.								
15A. NAME OF CHILD (First, middle initial, last)		15B. CHILD'S COMPLETE ADDRESS				15C. NAME OF PERSON THE CHILD LIVES WITH (<i>If applicable</i>)						
16. REMARKS					1							
I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.												
17. SIGNATURE OF CLAIMANT		18. DATE				y knowledge and belief. TELEPHONE NUMBER (S) <i>(Include Area Code)</i>						
				A. DAYTIME		B. NIGHTTIME						
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 the fraudulent acceptance of any payment to which you are not entitled.												
of a material fact, knowlf	ig it to be faise, or for the	maudulent acceptanc	e of any pay	ment to whi	ion you ar	e not entitled.						