



DECLARATION OF STATUS OF DEPENDENTS

PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 5701) and may be disclosed outside VA, only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits provided under law. Information submitted is subject to verification through computer matching programs with other agencies.

Income information and employment information furnished by you will be compared with information obtained by VA from the Secretary of Health and Human Services or the Secretary of the Treasury under clause (viii) of section 6103(1)(7)(D) of the Internal Revenue Code of 1986. Any information provided by you, including your Social Security Number, may be used in matching programs conducted in connection with any proceeding for the collection of an amount owed the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

INSTRUCTION: This form must be completed and returned to VA. Where entry of a date is required, furnish month, day, and year. Where entry of a place is required, furnish city and state.

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| 1A. FIRST - MIDDLE - LAST NAME OF VETERAN | 2A. NAME OF CLAIMANT <i>(If other than veteran)</i> | 3. FILE NUMBER C- |
| 1B. VETERAN'S SOCIAL SECURITY NUMBER | 2B. CLAIMANT'S SOCIAL SECURITY NUMBER | |
| 4. ADDRESS OF CLAIMANT <i>(No. and street or rural route, city or P.O., State and ZIP Code)</i> | | |
| 5A. MARITAL STATUS <i>(Check one)</i> <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED <i>(If checked, do not complete Items 6 thru 12)</i> <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED | | 5B. IF MARRIED, SPOUSE'S DATE OF BIRTH |

NOTE: Furnish the following information about each of your marriages including your current marriage. Where a date is required, furnish month, day, and year. Begin with your current marriage. Where entry of a place is required, furnish city and state.

| 6A. DATE AND PLACE OF MARRIAGE | 6B. TO WHOM MARRIED <i>(First, middle, last name)</i> | 6C. SOCIAL SECURITY NUMBER | 6D. HOW MARRIAGE TERMINATED <i>(Death, Divorce)</i> | 6E. DATE AND PLACE TERMINATED |
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NOTE: Furnish the following information about each previous marriage of your present spouse.

| 7A. DATE AND PLACE OF MARRIAGE | 7B. TO WHOM MARRIED <i>(First, middle, last name)</i> | 7C. HOW MARRIAGE TERMINATED <i>(Death, Divorce)</i> | 7D. DATE AND PLACE TERMINATED |
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ANSWER ITEMS 8 THROUGH 12 ONLY IF YOU ARE CURRENTLY MARRIED

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| 8. DO YOU AND YOUR SPOUSE LIVE TOGETHER? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "no," complete Item 9)</i> | 9. AMOUNT YOU CONTRIBUTE TO YOUR SPOUSE'S SUPPORT MONTHLY \$ |
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| 10. IS YOUR SPOUSE A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "no," go to Item 12)</i> | 11. IF YOUR ANSWER TO ITEM 10 WAS "YES," FURNISH YOUR SPOUSE'S VA CLAIM NUMBER. OTHERWISE, LEAVE THIS ITEM BLANK. |
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12. ADDRESS OF PRESENT SPOUSE *(If different than Item 4)*

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| 13. IDENTIFICATION OF VETERAN'S UNMARRIED CHILDREN (Check) | <input type="checkbox"/> UNDER 18 YEARS OF AGE | <input type="checkbox"/> OVER 18 AND UNDER 23, AND ATTENDING SCHOOL | <input type="checkbox"/> | OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS |
|--|--|---|--------------------------|--|

NOTE: If any box in Item 13 is checked, furnish the following information for each child. For date of birth, furnish month, day and year. For place of birth, furnish city and state.

| 14A. FULL NAME OF EACH CHILD | 14B. DATE OF BIRTH | 14C. PLACE OF BIRTH | 14D. SOCIAL SECURITY NUMBER | 14E. NAME & ADDRESS OF PERSON HAVING CUSTODY OF THE CHILD <i>(If child is not in the custody of person claiming dependency allowance)</i> |
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15. REMARKS

I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.

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| 16. SIGNATURE OF CLAIMANT | 17. DATE | 18. TELEPHONE NUMBER(S) <i>(Including 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.