



Veterans of Foreign Wars Department of California

Today's Date: _____

Veteran's Name: _____

Claimant's Name: _____

Claim #: _____

Social Security #: _____

Phone #: _____

Address: _____

Address 2: _____

City, State, Zip: _____

SPECIAL CIRCUMSTANCES

- Recent Discharge Homeless Expedite
- Terminal Illness Financial Hardship

Remarks: _____

Service Officer

Print Name: _____

Post: _____ District: _____

Phone Number: _____

Submitted to VFW Regional Office

- Los Angeles
- Oakland
- San Diego

Attachments to be submitted to VA:

- 21-22 DD 214 21-526EZ
- 21-527EZ 21-534EZ 21-686c
- 21-530 21-8940 21-2680
- 335/21P 21-2680 21-4138
- 20-572 21-0847 21-0845
- 28-1900 22-1990 21-0958

Marriage Certificate Divorce Decree

Medical Evidence Death Certificate

Other: _____

Signature: _____

Field Service Office: _____