OMB Approved No. 2900-0881 Respondent Burden: 10 Minutes Expiration Date: 06/30/2024

		Expiration Date: 06/30/2024
Department of Veterans Affa	airo	VA DATE STAMP
Department of Veterans Ana	airs	(DO NOT WRITE IN THIS SPACE)
LAY/WITI	NESS STATEMENT	
INSTRUCTIONS: Before completing this form, reasubmit a statement as a veteran/claimant or someone writing on your behalf are providing additional stater application. For more information, contact us at		

Enter International Phone Number

State/Province

 $(If\ applicable)$ 

Country

15. TELEPHONE NUMBER (Include Area Code)

I agree to receive electronic correspondence from VA in regards to my claim.

16. E-MAIL ADDRESS

ZIP Code/Postal Code

SECTION III: STATEMENT (Use this section to submit your statement, or a statement from someone else writing on your behalf)		
NOTE: Please indicate the claimed issue that you are addressing. If you would like to submit an additional statement on your own behalf or if you have more than one witness writing on your behalf, use a separate form (VA Form 21-10210) for each statement.		
17. STATEMENT (Note: Describe what you yourself know or have observed about the facts or circumstances relevant to this claim before VA)		

VA Form 21-10210, JUN 2021 Page 2

or suggestions about this form.

### Complete Section IV and V if the statement in Section III is from someone else writing on your behalf)    Section IV and V if the statement in Section III is from someone else writing on your behalf of if you have more than one wincess writing on your behalf was a separate from (VA Form 21-10210) for each statement.    Section IV and V if the statement in Section III is from someone else writing on your behalf of if you have more than one wincess writing on your behalf of if you have more than one wincess writing on your behalf of if you have not have observed about the facts or circumstances relevant to this claim before VA)    Section IV and V if the statement in Section III is from someone else writing on your behalf)   Witness Name (Prins, Middle Initial, Last)   Section IV and V if the statement in Section III is from someone else writing on your behalf)   Section IV and V if the statement in Section III is from someone else writing on your behalf)   Section IV and V if the statement in Section III is from someone else writing on your behalf)   Witness Name (Prins, Middle Initial, Last)   Section IV and V if the statement in Section III is from someone else writing on your behalf)   Section IV and V if the statement in Section III is from someone else writing on your behalf)   Section IV and V if the statement in Section III is from someone else writing on your behalf)   Section IV and V if the statement in Section III is from someone else writing on your behalf)   Section IV and V if the statement in Section III is from someone else writing on your behalf)   Section IV and V if the statement in Section III is from someone else writing on your behalf)   Section IV and IV a	SEC	IION III: STATEMENT (Conunuea)
SECTION IV: WITNESS CONTACT INFORMATION  (Complete Section IV and IV if the statement in Section III is from someone else writing on your behalf)  18. RELATIONSHIP TO VETERANCLAMANT (Check all that apply)    RELATIONSHIP TO VETERANCLAMANT   FAMIL VPRIEND OF VETERANCLAMANT   COWORKERSUPERVISOR OF VETERANCLAMANT     OTHER PROPERTY OF THE PROPERTY OF VETERANCLAMANT   CHeck all that apply)    THE REPORT OF THE PROPERTY OF VETERANCLAMANT   Check all that apply)    THE PROPERTY OF VETERANCLAMANT   PAMIL VPRIEND OF VETERANCLAMANT   COWORKERSUPERVISOR OF VETERANCLAMANT     THE PROPERTY OF VETERANCLAMANT   Check all that apply)    THE PROPERTY OF VETERANCLAMANT   PAMIL VPRIEND OF VETERANCLAMANT   COWORKERSUPERVISOR OF VETERANCLAMANT     THE PROPERTY OF VETERANCLAMANT   PAMIL VPRIEND OF VETERANCLAMANT   COWORKERSUPERVISOR OF VETERANCLAMANT     THE PROPERTY OF VETERANCLAMANT   PAMIL VPRIEND OF VETERANCLAMANT   COWORKERSUPERVISOR OF VETERANCLAMANT     THE PROPERTY OF VETERANCLAMANT   PAMIL VPRIEND OF VETERANCLAMANT   COWORKERSUPERVISOR OF VETERANCLAMANT     THE PROPERTY OF VETERANCLAMANT   PAMIL VPRIEND OF VETERANCLAMANT   COWORKERSUPERVISOR OF VETERANCLAMANT     THE PROPERTY OF VETERANCLAMANT   PAMIL VPRIEND OF VETERANCLAMANT   COWORKERSUPERVISOR OF VETERANCLAMANT     THE PROPERTY OF VETERANCLAMANT   PAMIL VPRIEND OF VETERANCLAMANT   DEVELOPED OF VETERANCLAMANT   PAMIL VPRIEND   PAMIL VPRIEND OF VETERANCLAMANT   PAMIL VPR	(Use this section to submit your star	tement, or a statement from someone else writing on your behalf)
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VA Form 21-10210, JUN 2021 Page 3