



Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS
SPACE)

SUPPORTING STATEMENT REGARDING MARRIAGE

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22,28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine eligibility for benefits based on a marital relationship between the claimant and the veteran (38 U.S.C. 101, 103, and 1102). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send your comments or suggestions about this form.

INSTRUCTIONS: Please complete all items. Your answer to every question is important to help us complete the claimant's claim. If you do not know the answer, write "unknown." For additional space, use Item 17, "Remarks," or attach a separate sheet, indicating the item number to which the answers apply.

1. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*

2A. VETERAN'S SOCIAL SECURITY NUMBER

2B. VA FILE NUMBER *(If applicable)*

C/CSS-

3. CLAIMED SPOUSE OR SURVIVING SPOUSE'S NAME *(First, Middle Initial, Last)*

4A. NAME OF PERSON COMPLETING THIS FORM *(First, Middle Initial, Last)*

4B. ADDRESS OF PERSON COMPLETING THIS FORM *(Number and street, P.O. or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

5A. WHAT WAS/IS YOUR RELATIONSHIP TO THE VETERAN? *(Parent, child, brother, sister, etc. If not related, state "None")*

5B. WHAT WAS / IS YOUR RELATIONSHIP TO THE CLAIMED SPOUSE? *(Parent, child, brother, sister, etc. If not related, state "None")*

6A. HOW LONG HAD/HAVE YOU KNOWN THE VETERAN? *(Months, years)*

6B. HOW LONG HAD/HAVE YOU KNOWN THE CLAIMED SPOUSE? *(Months, years)*

7A. HOW OFTEN HAD/HAVE YOU MET THE VETERAN?

7B. ON WHAT OCCASION(S) HAD/HAVE YOU MET THE VETERAN?

7C. HOW OFTEN HAVE YOU MET THE CLAIMED SPOUSE?

7D. ON WHAT OCCASIONS HAVE YOU MET THE CLAIMED SPOUSE?

8. WERE/ARE THE VETERAN AND THE CLAIMED SPOUSE GENERALLY KNOWN AS MARRIED?

☐ YES ☐ NO

9. DID/DO EITHER THE VETERAN OR CLAIMED SPOUSE EVER DENY THE MARRIAGE?

☐ YES ☐ NO

10A. DID/DO YOU CONSIDER THE VETERAN AND THE CLAIMED SPOUSE TO BE MARRIED?

☐ YES ☐ NO *(If "Yes," complete Item 10B)*

10B. PROVIDE FACTS AND REASONS FOR SUCH BELIEF *(If additional space needed use Item 17, "Remarks")*

11. NAME(S) BY WHICH SPOUSE WAS/IS KNOWN

FIRST NAME

LAST NAME

12A. HAD/HAVE YOU EVER HEARD THE VETERAN OR THE CLAIMED SPOUSE REFER TO EACH OTHER AS MARRIED TO ONE ANOTHER?

☐ YES ☐ NO *(If "Yes," complete Items 12B and 12C)*

12B. DATE

12C. PLACE

13A. DID/DO THE VETERAN AND THE CLAIMED SPOUSE MAINTAIN A HOME AND LIVE TOGETHER AS MARRIED TO ONE ANOTHER?

☐ YES ☐ NO (If "Yes," complete Item 13B)

13B. PERIODS OF TIME AND PLACES WHERE THE VETERAN AND THE CLAIMED SPOUSE HAD/HAVE LIVED TOGETHER

BEGINNING DATE	ENDING DATE	CITY OR TOWN	STATE

14A. HAD/HAVE THE VETERAN AND THE CLAIMED SPOUSE LIVED TOGETHER CONTINUOUSLY?

☐ YES ☐ NO (If "Yes," complete Item 14B)

14B. EXPLANATION

15A. HAD/HAS THE VETERAN EVER ENTERED INTO ANY OTHER MARRIAGE(S)?

☐ YES ☐ NO (If "Yes," complete Item 15B)

15B. OTHER MARRIAGES OF VETERAN

TO WHOM MARRIED	DATE AND PLACE OF MARRIAGE	TYPE OF MARRIAGE (Ceremonial, etc.)	HOW MARRIAGE ENDED (Death, divorce, etc.)	DATE AND PLACE MARRIAGE ENDED

16A. HAS THE CLAIMED SPOUSE EVER ENTERED INTO ANY OTHER MARRIAGE(S)?

☐ YES ☐ NO (If "Yes," complete Item 16B)

16B. OTHER MARRIAGES OF CLAIMED SPOUSE

TO WHOM MARRIED	DATE AND PLACE OF MARRIAGE	TYPE OF MARRIAGE (Ceremonial, etc.)	HOW MARRIAGE ENDED (Death, divorce, etc.)	DATE AND PLACE MARRIAGE ENDED

17. REMARKS (If any)

CERTIFICATION

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief. I understand that this statement will be considered in connection with an application for VA benefits based on a marital relationship between the veteran and the person named in Item 3.

18A. SIGNATURE (Sign in ink)

18B. DATE SIGNED

18C. DAYTIME TELEPHONE NUMBER (Including Area Code)

18D. EVENING TELEPHONE NUMBER (Including Area Code)

WITNESS TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature by mark must be witnessed by two persons to whom the signer is personally known and the signature and addresses of the witnesses must be entered below.

19A. SIGNATURE OF WITNESS (Sign in ink)

19B. ADDRESS OF WITNESS

20A. SIGNATURE OF WITNESS (Sign in ink)

20B. ADDRESS OF WITNESS

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.

FOR **VETERANS PENSION AND SURVIVOR BENEFIT CLAIMS** MAIL OR FAX THIS FORM TO THE APPROPRIATE ADDRESS BELOW:

<p>Mail your form to: Department of Veterans Affairs Claims Intake Center Attn: Milwaukee Pension Center P.O. Box 5192 Janesville, WI 53547-5192 Or fax your form to: Toll Free: (844) 655-1604</p>			
This Pension Center Serves The Following:			
Alabama	Arkansas	Illinois	Indiana
Kentucky	Louisiana	Michigan	Mississippi
Missouri	Ohio	Tennessee	Wisconsin

<p>Mail your form to: Department of Veterans Affairs Claims Intake Center Attn: Philadelphia Pension Center P.O. Box 5206 Janesville, WI 53547-5206 Or fax your form to: Toll Free: (844) 655-1604</p>			
This Pension Center Serves The Following:			
Connecticut	Delaware	Florida	Georgia
Maine	Maryland	Massachusetts	New Hampshire
New Jersey	New York	North Carolina	Pennsylvania
Rhode Island	South Carolina	Vermont	Virginia
West Virginia	District of Columbia	Puerto Rico	Canada
Countries outside of North, Central or South America			

<p>Mail your form to: Department of Veterans Affairs Claims Intake Center Attn: St. Paul Pension Center P.O. Box 5365 Janesville, WI 53547-5365 Or fax your form to: Toll Free: (844) 655-1604</p>			
This Pension Center Serves The Following:			
Alaska	Arizona	California	Colorado
Hawaii	Idaho	Iowa	Kansas
Minnesota	Montana	Nebraska	Nevada
New Mexico	North Dakota	Oklahoma	Oregon
South Dakota	Texas	Utah	Washington
Wyoming	Mexico	Central America	South America
Caribbean			