

Department of Veterans Affairs

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

APPLICATION REQUEST TO ADD AND/OR REMOVE DEPENDENTS

INSTRUCTIONS: Make sure you sign and date this form in Items 26A and 26B.

Note: Unless the claimant is the veteran's surviving spouse or a designated "alternate signer", the veteran <u>must</u> sign in Item 26A. When you have completed this form, you can mail it to the address shown at the bottom of Page 2. If you prefer you may complete and submit the form

online at www.	va.go	v.																																							
SECTION I: VETERAN/CLAIMANT'S IDENTIFICATION INFORMATION (Note: Completion of this section is <u>REQUIRED</u> to process your request; any omission may delay processing)																																									
NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to help expedite processing of the form.																																									
1. VETERAN'S N	AME (First,	Middl	e Inii	tial, L	ast)	_		r	_	_				-				_				_							_											
A b r	а	h	а	m							L :	i n	С	О	1	n																									
2. VETERAN'S SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If known) 4. VETERAN'S DATE OF BIRTH (MM-DD-YYYY)																																									
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5. CLAIMANT'S NAME (If other than veteran) (First, Middle Initial, Last)																																									
6. CLAIMANT'S	SOCIA	L SE	CURIT	YNU	JMBE	R		7. VE	TER	AN'S	SERVI	CE NU	MBER	(If app	licable)	8	3. TE	LEPI	HONE	ΞN	JMB	ER (Incli	ude .	4rea	Code)															
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SECTION II: INFORMATION NEEDED TO ADD SPOUSE																																									
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NOTE: You <i>must</i> provide complete information about <i>your prior marriages</i> and <i>your current spouse's prior marriages</i> .
14. VETERAN/CLAIMANT'S PREVIOUS MARITAL INFORMATION (If no prior marriages, this section may be left blank)
14A. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)
14A. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)
14A. (2) DATE AND TEACE OF MARKINGE (MIM-DD-1111)
City or County State/Province Country
14A. (3) REASON FOR TERMINATION
Death Divorce Annulment Other (Explain):
14A. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)
City or County State/Province Country
14B. (1) TO WHOM MARRIED (First, Middle Initial, Last
Name)
AAD (a) DATE AND DIAGE OF MADDIAGE
14B. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)
City or County State/Province Country
14B. (3) REASON FOR TERMINATION
C Death C Divorce C Annulment C Other (Explain):
14B. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)
City or County State/Province Country
ony of deating
14C. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)
14C. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)
City or County State/Province Country
14C. (3) REASON FOR TERMINATION
Death Divorce Annulment Other (Explain):
14C. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)
City or County State/Province Country
14D. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)
14D. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)
City or County State/Province Country
14D. (3) REASON FOR TERMINATION Death Divorce Annulment Other (Explain):
Death Divorce Annulment Other (Explain): 14D. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)
14D. (4) DATE AND FLACE IMARRIAGE TERMINATED (MM-DD-1111)
City or County State/Province Country

15. CURRENT SPOUSE'S PREVIOUS MARITAL INFORMATION (If no prior marriages, this section may be left blank)								
15A. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)								
15A. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)								
City or County State/Province Country								
15A. (3) REASON FOR TERMINATION								
Death Divorce Annulment Other (Explain):								
15A. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)								
City or County State/Province Country								
15B. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)								
15B. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)								
City or County State/Province Country								
15B. (3) REASON FOR TERMINATION								
Death Divorce Annulment Other (Explain):								
15B. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)								
City or County State/Province Country								
15C. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)								
Name Name								
15C. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)								
City or County State/Province Country								
15C. (3) REASON FOR TERMINATION								
Death Divorce Annulment Other (Explain):								
15C. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)								
City or County State/Province Country								
15D. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)								
Name)								
15D. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)								
City or County State/Province Country								
15D. (3) REASON FOR TERMINATION								
Death Divorce Annulment Other (Explain):								
15D. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)								
City or County State/Province Country								

VETERAN'S SOCIAL SECURITY NO.
SECTION III: INFORMATION NEEDED TO ADD CHILD(REN) (If claiming more than four children, fill out addendum (Page 15) and submit with application)
16A. NAME OF FIRST CHILD TO ADD (First, Middle Initial, Last)
16B. SOCIAL SECURITY NUMBER 16C. DATE OF BIRTH (MM-DD-YYYY)
16D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country)
City or County State/Province Country
16E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH
16F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES
No. & Street
Apt./Unit Number City
State/Province Country ZIP Code/Postal Code —
16G. CHILD STATUS (Check all that apply)
O BIOLOGICAL O 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VA Form 21-674) ADOPTED CHILD PERMANENTLY INCAPABLE OF SELF-SUPPORT
CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 16H) STEPCHILD (If checked, complete Item 16I) 16H. HOW AND WHEN MARRIAGE ENDED
DATE (MM-DD-YYYY) O DIVORCE OTHER (Explain)
ANNULLED
16I. IF YOU CHECKED "STEPCHILD" IN ITEM 16G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?
YES (If "Yes," provide the date the child entered veteran's household) ONO
O NO 17A. NAME OF SECOND CHILD TO ADD (First, Middle Initial, Last)
TO THE TO THE TO THE TO THE TO THE TO THE TOTAL THREAT, THREAT THREAT, EASY
17B. SOCIAL SECURITY NUMBER 17C. DATE OF BIRTH (MM-DD-YYYY)
TO BALL OF BIKIN (MAN-DD-1711)
17D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country)
City or County State/Province Country
17E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH
17F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES No. &
Street
Apt./Unit Number City
State/Province Country ZIP Code/Postal Code -
17G. CHILD STATUS (Check all that apply) C ADORTED CHILD PERMANENTLY INCAPABLE OF
BIOLOGICAL 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VA Form 21-674) SELF-SUPPORT
CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 17H) STEPCHILD (If checked, complete Item 17I) 17H. HOW AND WHEN MARRIAGE ENDED
DATE (MM-DD-YYYY) DIVORCE OTHER (Explain)
ANNULLED
17I. IF YOU CHECKED "STEPCHILD" IN ITEM 17G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?
YES (If "Yes," provide the date the child entered veteran's household) DATE (MM-DD-YYYY)

SECTION III: INFORMATION NEEDED TO ADD CHILD(REN) <i>(Continued)</i> (If claiming more than four children, fill out addendum (Page 15) and submit with application)	
18A. NAME OF THIRD CHILD TO ADD (First, Middle Initial, Last)	
TO A THIRD OF THE TO A SE (1 a.s., Madae Mada).	
18B. SOCIAL SECURITY NUMBER 18C. DATE OF BIRTH (MM-DD-YYYY)	
18D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country)	
City or County State/Province Country	
18E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH	
19E IE THE CHILD DOES NOT LIVE WITH THE CLAIMANT DROVIDE COMPLETE DUVSICAL ADDRESS WHERE CHILD RESIDES	
18F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES No. &	
Street	
Apt./Unit Number City	
State/Province Country ZIP Code/Postal Code	
18G. CHILD STATUS (Check all that apply)	
BIOLOGICAL 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VA Form 21-674) ADOPTED CHILD PERMANENTLY INCAPAL	BLE OF
CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 18H) SELF-SUPPORT STEPCHILD (If checked, complete 1	Item 18I)
18H. HOW AND WHEN MARRIAGE ENDED	
DATE (MM-DD-YYYY) OTHER (Explain)	
— — ANNULLED	
18I. IF YOU CHECKED "STEPCHILD" IN ITEM 18G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?	
YES (If "Yes," provide the date the child entered veteran's household) DATE (MM-DD-YYYY)	
O NO	
19A. NAME OF FOURTH CHILD TO ADD (First, Middle Initial, Last)	
19A. NAME OF FOURTH CHILD TO ADD (First, Middle Initial, Last)	
19A. NAME OF FOURTH CHILD TO ADD (First, Middle Initial, Last) 19B. SOCIAL SECURITY NUMBER 19C. DATE OF BIRTH (MM-DD-YYYY)	
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19B. SOCIAL SECURITY NUMBER 19C. DATE OF BIRTH (MM-DD-YYYY)	
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19B. SOCIAL SECURITY NUMBER 19C. DATE OF BIRTH (MM-DD-YYYY) 19D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country) City or County State/Province Country	
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19B. SOCIAL SECURITY NUMBER 19C. DATE OF BIRTH (MM-DD-YYYY) 19D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country) City or County 19E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH 19F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES No. & Street	
19B. SOCIAL SECURITY NUMBER 19C. DATE OF BIRTH (MM-DD-YYYY) 19D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country) City or County 19E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH 19F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES No. &	
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19B. SOCIAL SECURITY NUMBER 19C. DATE OF BIRTH (MM-DD-YYYY) 19D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country) City or County 19E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH 19F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES No. & Street Apt./Unit Number City ZIP Code/Postal Code 19G. CHILD STATUS (Check all that apply)	
19B. SOCIAL SECURITY NUMBER 19C. DATE OF BIRTH (MM-DD-YYYY) 19D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country) City or County 19E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH 19F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES No. & Street Apt./Unit Number City ZIP Code/Postal Code 19G. CHILD STATUS (Check all that apply) BIOLOGICAL 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VA Form 21-674) CHILD PERMANENTLY INCAPA SELF-SUPPORT	BLE OF
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SECTION IV: VETERAN REPORTING DIVORCE FROM FORMER SPOUSE (If you have stepchild(ren), also complete Section V)										
NOTE: If marriage ended as an annulment or declared void, use Section IX, Item 25, "Remarks" to explain.										
20A. NAME OF FORMER SPOUSE (First, Middle Initial, Last)										
20B. PLACE OF DIVORCE (Provide city and state, county and state, or city and country)										
City or County State/Province Country										
20C. DATE OF DIVORCE										
SECTION V: VETERAN/CLAIMANT REPORTING ON STEPCHILD(REN)										
21A. (1) DID YOU HAVE A STEPCHILD(REN) THAT WAS THE BIOLOGICAL OR ADOPTED CHILD(REN) OF THE FORMER SPOUSE LISTED IN ITEM 20A?										
YES (If "YES," list the name(s) of the stepchild(ren) here):										
NO (If "NO," skip to Section VI)										
21A. (2) NAME(S) OF STEPCHILD(REN) (First, Middle Initial, Last)										
21B. ARE YOU STILL SUPPORTING YOUR STEPCHILD(REN) LISTED IN ITEM 21A?										
YES (If "YES," complete Items 21C through 21L)										
NO (If "NO," complete Item 21F and then continue to Section VI)										
21C. NAME OF STEPCHILD YOU ARE SUPPORTING										
21D. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE THE NAME OF PERSON WITH WHOM STEPCHILD RESIDES										
21E. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE A COMPLETE ADDRESS										
No. & Street										
Apt./Unit Number City										
State/Province Country ZIP Code/Postal Code — —										
21F. DATE STEPCHILD LEFT VETERAN'S HOUSEHOLD (MM-DD-YYYY)										
21G. FINANCIAL SUPPORT PROVIDED										
21H. NAME OF STEPCHILD YOU ARE SUPPORTING										
21I. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE THE NAME OF PERSON WITH WHOM STEPCHILD RESIDES										
21J. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE A COMPLETE ADDRESS										
No. & Street										
Apt./Unit Number City										
State/Province Country ZIP Code/Postal Code										
21K. DATE STEPCHILD LEFT VETERAN'S HOUSEHOLD (MM-DD-YYYY)										
21L. FINANCIAL SUPPORT PROVIDED										

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SECTION VI: VETERAN/CLAIMANT REPORTING DEATH OF A DEPENDENT 22A. (1) DEPENDENT TYPE (Check all that apply) MINOR CHILD (UNDER 18 YEARS OLD STEPCHILD ADOPTED DEPENDENT PARENT SPOUSE CHILD PERMANENTLY INCAPABLE OF SELF-SUPPORT 18-23 YEARS OLD AND IN SCHOOL 22B. NAME OF DEPENDENT(First, Middle Initial, Last) 22C. DATE OF DEATH (MM/DD/YYYY) 22D. PLACE OF DEATH (City & State, County & State, or City & Country) State/Province Country City or County 22A. (2) DEPENDENT TYPE (Check all that apply) SPOUSE CHILD PERMANENTLY INCAPABLE OF SELF-SUPPORT 18-23 YEARS OLD AND IN SCHOOL 22B. NAME OF DEPENDENT (First, Middle Initial, Last) 22C. DATE OF DEATH (MM/DD/YYYY) 22D. PLACE OF DEATH (City & State, County & State, or City & Country) Country State/Province City or County SECTION VII: VETERAN/CLAIMANT REPORTING MARRIAGE OF CHILD 23A. NAME OF CHILD (First, Middle Initial, Last) 23B. DATE OF MARRIAGE (MM-DD-YYYY) SECTION VIII: VETERAN/CLAIMANT REPORTING A SCHOOLCHILD OVER 18 HAS STOPPED ATTENDING SCHOOL 24A. NAME OF SCHOOLCHILD (First, Middle Initial, Last) 24B. DATE SCHOOLCHILD STOPPED ATTENDING SCHOOL (MM-DD-YYYY)

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SECTION	N IX: REMARKS	
25. REMARKS (If any)		
OFOTION V. DENIFICIA DVIOLATI	ANTIC CERTIFICATION AND O	ONATURE
SECTION X: BENEFICIARY/CLAIM (Note: Completion of this section		
·		
IMPORTANT: The primary purpose of this form is to gather inform		
signing this form you have given permission to make benefit payn adverse actions are taken you will receive additional notification fr		
I HEREBY CERTIFY THAT the information I have given above is true and	• • • •	
26A. SIGNATURE OF BENEFICIARY/CLAIMANT OR ALTERNATE		26B. DATE (MM/DD/YYYY)
SIGNER* (REQUIRED)	(FOR USE BY VA ONLY)	
*ALTERNATE SIGNER: By signing on behalf of the beneficiary/claimant,	Legrify that the claimant is:	
• under the age of 18,	restary that the slammant is:	
 mentally incompetent to provide substantially accurate informat form are true and complete, or 	ion needed to complete the form or to	certify that the statements made on the
physically unable to sign the form		
*ALTERNATE SIGNER: By signing on behalf of the beneficiary/claimant,	I certify that I am:	
a court-appointed representative,		
 an attorney in fact or agent authorized to act on behalf of the classical and a person who is responsible for the care of the claimant, to include 		

- a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative, of a manager or principal officer acting on behalf of an institution which is responsible for the care of the claimant.

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.

PRIVACY ACT INFORMATION: 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 Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 USC 5101 (c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department

RESPONDENT BURDEN: We need this information to determine marital status and eligibility for an additional allowance for dependents under 38 U.S.C. 1115. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 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 responsor to a collection of information unless a valid OMB control number is displayed. You are not required to responsor 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 comments or suggestions about this form.

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SECTION XI: ADDITIONAL CHILD(REN) (Addendum) (Please submit this page with the completed application if you have additional children to add to your claim. If more space is needed, please make additional copies of this page to submit with your application.) 1A. NAME OF **ADDITIONAL** CHILD TO ADD (First, Middle Initial, Last) 1B. SOCIAL SECURITY NUMBER 1C. DATE OF BIRTH (MM-DD-YYYY) 1D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country) City or County Country State/Province 1E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH 1F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES No. & Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code 1G. CHILD STATUS (Check all that apply) CHILD PERMANENTLY INCAPABLE OF ○ BIOLOGICAL ○ 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VA Form 21-674) ○ ADOPTED SELF-SUPPORT CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 1H) STEPCHILD (If checked, complete Item 11) 1H. HOW AND WHEN MARRIAGE ENDED DATE (MM-DD-YYYY) DIVORCED OTHER (Explain) ANNULLED 11. IF YOU CHECKED "STEPCHILD" IN ITEM 1G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE? DATE (MM-DD-YYYY) YES (If "Yes," provide the date the child entered veteran's household) O NO 2A. NAME OF ADDITIONAL CHILD TO ADD (First, Middle Initial, Last) 2B. SOCIAL SECURITY NUMBER 2C. DATE OF BIRTH (MM-DD-YYYY) 2D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country) State/Province Country City or County 2E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH 2F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES No. & Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code 2G. CHILD STATUS (Check all that apply) CHILD PERMANENTLY INCAPABLE OF BIOLOGICAL 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VA Form 21-674) ADOPTED SELF-SUPPORT CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 2H) STEPCHILD (If checked, complete Item 21) 2H. HOW AND WHEN MARRIAGE ENDED DATE (MM-DD-YYYY) OTHER (Explain) DIVORCED **ANNULLED** 2I. IF YOU CHECKED "STEPCHILD" IN ITEM 2G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE? DATE (MM-DD-YYYY) YES (If "Yes," provide the date the child entered veteran's household)