



VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

MANDATORY VERIFICATION OF DEPENDENTS

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. We use this form to determine continued eligibility to the additional allowance for dependents. For more information, contact us at Ask VA: <https://ask.va.gov/>, or call us toll-free at 1-800-827-1000 (TTY: 711). VA forms are available at www.va.gov/vaforms. After completing the form, mail to: **Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547-4444.**

SECTION I: VETERAN'S IDENTIFICATION INFORMATION

NOTE: You *may* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable check box to help expedite processing of the form.

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

2. SOCIAL SECURITY NUMBER

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3. VA FILE NUMBER (If applicable)

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4. DATE OF BIRTH (MM/DD/YYYY)

5. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

[illegible][illegible]

State/Province Country ZIP Code/Postal Code -

6. TELEPHONE NUMBER (Include Area Code)

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Enter International Phone Number
(If applicable)

7. E-MAIL ADDRESS ☐ I agree to receive electronic correspondence from VA in regards to my claim.

[illegible][illegible]

SECTION II: STATUS CERTIFICATION

8. HAS THE STATUS OF YOUR DEPENDENT(S) CHANGED? ☐ YES ☐ NO

- If "Yes," complete the section below that refers to the dependent(s) whose status has changed.
- If "No," sign this form (Section V) and disregard the remaining sections of this form.

NOTE: If you have additional dependents not listed on the letter attached to this form, complete and submit VA Form 21-686c, *Application Request to Add and/or Remove Dependents*, and if claiming a child aged 18-23 years and in school, complete VA Form 21-674, *Request for Approval of School Attendance*. VA forms are available at www.va.gov/vaforms.

SECTION III: CHANGE IN SPOUSE STATUS

9. HOW DID STATUS CHANGE?

<input type="checkbox"/> MARRIAGE ENDED	DATE ENDED (MM/DD/YYYY): <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 1.2em;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 1.2em;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div>	REASON MARRIAGE ENDED <div style="display: flex; align-items: center; gap: 10px;"> <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE <input type="checkbox"/> DECLARED VOID </div>
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<div> <div> <input type="checkbox"/> DEATH </div> </div>	DATE OF DEATH (MM/DD/YYYY): <div> <div></div> <div></div> </div> - <div> <div></div> <div></div> </div> - <div> <div></div> <div></div> <div></div> <div></div> </div>									

SECTION IV: CHANGE IN CHILD(REN)'S STATUS

NOTE: If your child has been adopted out of your family, input the date the adoption was finalized. If you have more than four children whose status has changed, use a separate VA Form 21-0538.

10A. CHILD'S NAME

10B. HOW STATUS CHANGED

<input type="checkbox"/> DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):	<div><div></div><div></div></div> - <div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div></div>
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<input type="checkbox"/> MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):	<div><div></div><div></div></div> - <div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div></div>
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<input type="checkbox"/> ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):	<div><div></div><div></div></div> - <div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div></div>
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NOTE: Do not fill in the next check box if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild because of medical reasons or because you or the child are incarcerated, attending school, or fulfilling a military service obligation.

LAST DATE STEPCILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY):

☐ STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD - -

[illegible]

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