



Department of Veterans Affairs

**VA DATE STAMP**  
(DO NOT WRITE IN THIS SPACE)

## APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

**IMPORTANT:** Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.

**NOTE:** If you prefer to have an individual assist you with your claim instead of a veterans service organization, please complete VA Form 21-22a, *Appointment of Individual as Claimant's Representative*. See Page 4 for information on how to submit the completed form, either by mail, in person at a VA regional office or electronically. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms).

### SECTION I: VETERAN'S INFORMATION

**NOTE:** You can *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

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

2. VETERAN'S SOCIAL SECURITY NUMBER (SSN)

3. VA FILE NUMBER (*If applicable*)

4. VETERAN'S DATE OF BIRTH

Month Day Year

5. VETERAN'S SERVICE NUMBER (*If applicable*)

6. INSURANCE NUMBER(S) (*If applicable*) (*Include letter prefix*)

7. VETERAN'S MAILING ADDRESS (*Number and street 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

8. VETERAN'S TELEPHONE NUMBER (*Include Area Code*)

9. VETERAN'S EMAIL ADDRESS (*Optional*)

### SECTION II: CLAIMANT'S INFORMATION (If other than veteran)

10. CLAIMANT'S NAME (*First, Middle Initial, Last*)

11. CLAIMANT'S MAILING ADDRESS (*Number and street 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

12. CLAIMANT'S TELEPHONE NUMBER (*Include Area Code*)

13. CLAIMANT'S EMAIL ADDRESS (*Optional*)

14. RELATIONSHIP TO VETERAN

### SECTION III: SERVICE ORGANIZATION INFORMATION

15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (*See list on Page 3 before selecting organization*)

16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 15 (*This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization*)

16B. JOB TITLE OF PERSON NAMED IN ITEM 16A

17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15

18. DATE OF THIS APPOINTMENT (*MM/DD/YYYY*)