



Department of Veterans Affairs

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

## APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE

**IMPORTANT:** Please read the Privacy Act and Respondent Burden on Page 2 before completing the form.

**NOTE:** If you prefer to have a veterans service organization assist you with your claim instead of an individual please complete VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*. When completed you can mail **or** fax this form to the appropriate intake center address shown on page 3. 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. BRANCH OF SERVICE

☐

ARMY

☐

NAVY

☐

AIR FORCE

☐

MARINE CORPS

☐

COAST GUARD

☐

OTHER (*Specify*)

7. VETERAN'S MAILING ADDRESS (*Number and street or rural route, city or P.O., State and ZIP Code*)

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, city or P.O., State and ZIP Code*)

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

15A. NAME OF INDIVIDUAL APPOINTED AS REPRESENTATIVE

15B. INDIVIDUAL IS (*check appropriate box*)

☐

ATTORNEY

☐

AGENT

☐

INDIVIDUAL PROVIDING REPRESENTATION  
UNDER SECTION 14.630 (*\*See required statement  
below. Signatures are required in Items 16A and 17A*)

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SERVICE ORGANIZATION REPRESENTATIVE (*Specify organization below*)

#### \*INDIVIDUALS PROVIDING REPRESENTATION UNDER SECTION 14.630

(Skip to Item 18, if the box for "Individual Providing Representation Under Section 14.630" was not checked in Item 15B)

The appointment of the individual named in Item 15A (the representative) authorizes that person to represent the individual named in Item 1 or 10 for a particular claim pursuant to the provisions of 38 CFR 14.630. By our signatures below, we, the representative and the veteran/claimant, attest that no compensation will be charged by or paid to the individual named in Item 15A.

16A. SIGNATURE OF REPRESENTATIVE NAMED IN ITEM 15A

MICKEL MOUSE

16B. DATE OF SIGNATURE (*MM/DD/YYYY*)

17A. SIGNATURE OF INDIVIDUAL NAMED IN ITEM 1 OR 10

MICKEL MOUSE

17B. DATE OF SIGNATURE (*MM/DD/YYYY*)

18. ADDRESS OF INDIVIDUAL APPOINTED AS CLAIMANT'S REPRESENTATIVE (*Number and street or rural route, city or P.O., State, and ZIP code*)