

 Department of Veterans Affairs		REPORT OF GENERAL INFORMATION	
NOTE - This form must be filled out in ink or on typewriter or computer, as it becomes a permanent record in veterans' folder		1. VA OFFICE 310	2. IDENTIFICATION NUMBERS (C, XC, SS, XSS, V, K, etc.) VA - 123456
3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print) Smith - Feb		4. DATE OF CONTACT (Month, day, year) 01/07/2019	
5. ADDRESS OF VETERAN (Include number and street or rural route, city or P.O., State and ZIP Code). 4455 Back Woods Dr, BackWoods, New York 10000		6A. TELEPHONE NUMBER OF VETERAN (Include Area Code) DAY 123-456-6677 EVENING	
		6B. E-MAIL ADDRESS (If applicable)	
7. NAME OF PERSON CONTACTED James Smith		8. TYPE OF CONTACT <input checked="" type="checkbox"/> PERSONAL <input checked="" type="checkbox"/> TELEPHONE	
9. ADDRESS OF PERSON CONTACTED 123 Front Woods, Front Woods, Virginia 20000		10. TELEPHONE NUMBER OF PERSON CONTACTED (Include Area Code) 234-456-6677	
<input checked="" type="checkbox"/> I certify that I properly identified my caller using the ID Protocol			
11. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN: Delores Gibson, widow of veteran, called regarding her name in the system. States that she's receiving correspondence referencing her as Delores Koone. This is her previous marriage name. Her name is Delores Gibson and she sent supporting documents on 12/17/2018.			
Notification of Action <input checked="" type="checkbox"/> I read the following statement to the caller: "I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies." cc: POA (If applicable): 074 - AMERICAN LEGION			
DIVISION OR SECTION CMW/310/NCC		EXECUTED BY (Signature and title) <i>Chris Wendowski, PCR</i>	
PRIVACY ACT NOTICE: The 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 5, 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, 58VA/21/22/28 Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. 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 obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to the questions on this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.			

