

THIS IS A REFERRAL FORM, NOT A CLAIM FOR BENEFITS!



Department of Missouri Service Office
Veterans of Foreign Wars of the United States

The purpose of this form is to gather some basic information so we may evaluate your possibility to receive VA benefits. **This information is held confidential and will not be released in any form or for any other use.**
Please be thorough in the filling out of this form. **(PLEASE PRINT)**

Veteran's Name: _____ Birth Date: ____/____/____
Spouse's Name: _____ Birth Date: ____/____/____
Address: _____ City: _____ State: ____ Zip: _____
Phone: (____) _____
Branch of Service: _____ Dates of Service: From: ____/____/____ To: ____/____/____
Registered in VA System: YES NO
Email: _____

Service outside the USA: YES NO Country: _____ MOS _____
Medals or Decorations: _____
Combat Awards: Bronze Star/Higher Purple Heart Other: _____
Referred By: _____ Post #: _____
Phone: (____) _____ Date sent to Headquarters Office: _____

VSO OFFICE ONLY

Date Received: _____ Date Contacted: _____ Contacted By: _____
Please send this form to:
Veterans of Foreign Wars
3401 Knipp Dr
Jefferson City, MO 65109
Email: deptvso@movfw.org
Phone: 573-616-4890

V.F.W. Membership makes this service possible, if you are entitled to a FOREIGN SERVICE RIBBON, you belong in the VFW- Join today!

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