

**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: (\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_ AM \_\_\_\_ PM

Branch of Service: \_\_\_\_\_ Dates of Service: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Registered in VA System: YES  NO

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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 Regional Office: \_\_\_\_\_

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**VSO OFFICE ONLY**

Date Received: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Contacted By: \_\_\_\_\_

Please send this form to:

Veterans of Foreign Wars  
9700 Page Avenue  
RM 1 – 027  
St. Louis, MO 63132  
Fax: 314-253-4162  
Email: [vfw.vbastl@va.gov](mailto:vfw.vbastl@va.gov)

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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