



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

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

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

Service outside the USA: YES NO Country: _____ MOS _____

Referred By: _____ Post #: _____

Phone: (_____) _____ Date sent to Regional Office: _____

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

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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