

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

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: _____

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: 573-636-9998

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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