

**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 ☐

Email: \_\_\_\_\_

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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 Headquarters Office: \_\_\_\_\_

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**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](mailto: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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