

**WORKSHEET**

**Veteran's Full Name:** \_\_\_\_\_  
**Birth date:** \_\_\_\_\_ **Place:** \_\_\_\_\_  
**Social Security No:** \_\_\_\_\_ **VA Claim No:** \_\_\_\_\_  
**GI Insurance File No. (If any):** \_\_\_\_\_

**Service/Serial No:** \_\_\_\_\_  
**Date(s) of Entry into Active Service:** \_\_\_\_\_  
**Date(s) of Separation from Active Service:** \_\_\_\_\_  
**Branch of Service:** \_\_\_\_\_

**DISCHARGE PAPER (OR DD214) RECORDED WITH COUNTY CLERKS OFFICE AT:**

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Volume No:** \_\_\_\_\_ **Page No:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_  
**Social Security No:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Married:** \_\_\_\_\_

**Place of Marriage:** \_\_\_\_\_

**Previous marriages of veteran (Name, Dates, Places):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Previous marriages of spouse (Name, Dates, Places):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Children (Names, Dates and Places of birth(s)):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_