

 Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)	
APPLICATION REQUEST TO ADD AND/OR REMOVE DEPENDENTS			
INSTRUCTIONS: Make sure you sign and date this form in Items 26A and 26B. Note: Unless the claimant is the veteran's surviving spouse or a designated "alternate signer", the veteran <u>must</u> sign in Item 26A. When you have completed this form, you can mail it to the address shown at the bottom of Page 2. If you prefer you may complete and submit the form online at www.va.gov .			
SECTION I: VETERAN/CLAIMANT'S IDENTIFICATION INFORMATION (Note: Completion of this section is REQUIRED to process your request; any omission may delay processing)			
NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to help expedite processing of the form.			
1. VETERAN'S NAME (First, Middle Initial, Last) Clint Dennis Barton			
2. SOCIAL SECURITY NUMBER 011-25-2006	3. VA FILE NUMBER	4. VETERAN'S DATE OF BIRTH 01-11-1977	
5. CLAIMANT'S NAME (If other than veteran) (First, Middle Initial, Last)			
6. CLAIMANT'S SOCIAL SECURITY NUMBER 011-25-2006	7. VETERAN'S SERVICE NUMBER (If applicable)	8. TELEPHONE NUMBER (Include Area Code) 3368675309 <small>Enter International Phone Number (If applicable)</small>	
9. E-MAIL ADDRESS (Optional) <input type="checkbox"/> I agree to receive electronic correspondence from VA in regards to my claim. Hawkeye2022@gmail.com			
10. COMPLETE MAILING ADDRESS OF VETERAN/CLAIMANT (Number and Street or Rural Route, P. O. Box, City, State, ZIP Code and Country) No. & Street 890 fifth avenue Apt./Unit Number City New York State/Province NY Country US ZIP Code/Postal Code 10001			
SECTION II: INFORMATION NEEDED TO ADD SPOUSE			
11A. SPOUSE'S NAME (First, Middle Initial, Last) Laura Anne Barton			
11B. SPOUSE'S DATE OF BIRTH Month Day Year 10-21-1976	11C. SPOUSE'S SOCIAL SECURITY NUMBER (SSN) (If your spouse does not have an SSN, explain why in Section IX, Item 25, Remarks) 010211986	11D. DATE OF MARRIAGE Month Day Year 11-25-1996	
11E. PLACE OF MARRIAGE (City and State, County and State, or City and Country) City or County Virginia Beach State/Province VA Country			
11F. HOW WERE YOU MARRIED? (Check one) <input type="checkbox"/> CIVIL CEREMONY (i.e. Justice of the Peace) <input checked="" type="checkbox"/> RELIGIOUS CEREMONY (i.e. Minister, Priest, Rabbi, etc.) <input type="checkbox"/> TRIBAL <input type="checkbox"/> PROXY <input type="checkbox"/> COMMON LAW <input type="checkbox"/> OTHER (Explain)			
12A. IS YOUR SPOUSE ALSO A VETERAN? <input type="checkbox"/> YES (If "YES," complete Items 12B and 12C) <input checked="" type="checkbox"/> NO	12B. SPOUSE'S VA FILE NUMBER (If applicable)	12C. SPOUSE'S SERVICE NUMBER (If applicable)	
NOTE: If you are a veteran that VA is paying additional benefits for a stepchild and you no longer live with the stepchild's biological or adoptive parent, complete Section V.			
13A. DO YOU LIVE TOGETHER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," complete Items 13B and 13C)	13B. REASON FOR SEPARATION (For example, marital problems, job requirements, health, etc.)		
13C. CURRENT MAILING ADDRESS OF SPOUSE (Number and Street or Rural Route, P.O. Box, City, State, ZIP Code and Country) No. & Street 890 fifth avenue Apt./Unit Number City New York State/Province NY Country US ZIP Code/Postal Code 10001			

VETERAN'S SOCIAL SECURITY NO. **011-25-2006**

NOTE: You <i>must</i> provide complete information about <i>your prior marriages and your current spouse's prior marriages.</i>		
14. VETERAN/CLAIMANT'S PREVIOUS MARITAL INFORMATION (If no prior marriages, this section may be left blank)		
14A. (1) TO WHOM MARRIED (<i>First, Middle Initial, Last Name</i>)		
14A. (2) DATE AND PLACE OF MARRIAGE (<i>MM-DD-YYYY</i>)		
City or County	State/Province	Country
14A. (3) REASON FOR TERMINATION		
<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Other (Explain):		
14A. (4) DATE AND PLACE MARRIAGE TERMINATED (<i>MM-DD-YYYY</i>)		
City or County	State/Province	Country
14B. (1) TO WHOM MARRIED (<i>First, Middle Initial, Last Name</i>)		
14B. (2) DATE AND PLACE OF MARRIAGE (<i>MM-DD-YYYY</i>)		
City or County	State/Province	Country
14B. (3) REASON FOR TERMINATION		
<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Other (Explain):		
14B. (4) DATE AND PLACE MARRIAGE TERMINATED (<i>MM-DD-YYYY</i>)		
City or County	State/Province	Country
14C. (1) TO WHOM MARRIED (<i>First, Middle Initial, Last Name</i>)		
14C. (2) DATE AND PLACE OF MARRIAGE (<i>MM-DD-YYYY</i>)		
City or County	State/Province	Country
14C. (3) REASON FOR TERMINATION		
<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Other (Explain):		
14C. (4) DATE AND PLACE MARRIAGE TERMINATED (<i>MM-DD-YYYY</i>)		
City or County	State/Province	Country
14D. (1) TO WHOM MARRIED (<i>First, Middle Initial, Last Name</i>)		
14D. (2) DATE AND PLACE OF MARRIAGE (<i>MM-DD-YYYY</i>)		
City or County	State/Province	Country
14D. (3) REASON FOR TERMINATION		
<input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Other (Explain):		
14D. (4) DATE AND PLACE MARRIAGE TERMINATED (<i>MM-DD-YYYY</i>)		
City or County	State/Province	Country

15. CURRENT SPOUSE'S PREVIOUS MARITAL INFORMATION

(If no prior marriages, this section may be left blank)

15A. (1) TO WHOM MARRIED (*First, Middle Initial, Last Name*)15A. (2) DATE AND PLACE OF MARRIAGE (*MM-DD-YYYY*)

City or County

State/Province

Country

15A. (3) REASON FOR TERMINATION

☐ Death ☐ Divorce ☐ Annulment ☐ Other (Explain):15A. (4) DATE AND PLACE MARRIAGE TERMINATED (*MM-DD-YYYY*)

City or County

State/Province

Country

15B. (1) TO WHOM MARRIED (*First, Middle Initial, Last Name*)15B. (2) DATE AND PLACE OF MARRIAGE (*MM-DD-YYYY*)

City or County

State/Province

Country

15B. (3) REASON FOR TERMINATION

☐ Death ☐ Divorce ☐ Annulment ☐ Other (Explain):15B. (4) DATE AND PLACE MARRIAGE TERMINATED (*MM-DD-YYYY*)

City or County

State/Province

Country

15C. (1) TO WHOM MARRIED (*First, Middle Initial, Last Name*)15C. (2) DATE AND PLACE OF MARRIAGE (*MM-DD-YYYY*)

City or County

State/Province

Country

15C. (3) REASON FOR TERMINATION

☐ Death ☐ Divorce ☐ Annulment ☐ Other (Explain):15C. (4) DATE AND PLACE MARRIAGE TERMINATED (*MM-DD-YYYY*)

City or County

State/Province

Country

15D. (1) TO WHOM MARRIED (*First, Middle Initial, Last Name*)15D. (2) DATE AND PLACE OF MARRIAGE (*MM-DD-YYYY*)

City or County

State/Province

Country

15D. (3) REASON FOR TERMINATION

☐ Death ☐ Divorce ☐ Annulment ☐ Other (Explain):15D. (4) DATE AND PLACE MARRIAGE TERMINATED (*MM-DD-YYYY*)

City or County

State/Province

Country

SECTION III: INFORMATION NEEDED TO ADD CHILD(REN) (If claiming more than four children, fill out addendum (Page 15) and submit with application)		
16A. NAME OF FIRST CHILD TO ADD (First, Middle Initial, Last) Conor D Barton		
16B. SOCIAL SECURITY NUMBER 	16C. DATE OF BIRTH (MM-DD-YYYY) 01-11-2010	
16D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country) City or County Winston Salem State/Province NC Country		
16E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH 		
16F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES No. & Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code		
16G. CHILD STATUS (Check all that apply) <input checked="" type="checkbox"/> BIOLOGICAL <input type="checkbox"/> 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VA Form 21-674) <input type="checkbox"/> ADOPTED <input type="checkbox"/> CHILD INCAPABLE OF SELF-SUPPORT <input type="checkbox"/> CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 16H) <input type="checkbox"/> STEPCCHILD (If checked, complete Item 16I)		
16H. HOW AND WHEN MARRIAGE ENDED DATE (MM-DD-YYYY) <input type="checkbox"/> DIVORCE <input type="checkbox"/> OTHER (Explain) <input type="checkbox"/> ANNULLED		
16I. IF YOU CHECKED "STEPCHILD" IN ITEM 16G, IS STEPCCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE? <input type="checkbox"/> YES (If "Yes," provide the date the child entered veteran's household) DATE (MM-DD-YYYY) <input type="checkbox"/> NO		
17A. NAME OF SECOND CHILD TO ADD (First, Middle Initial, Last) Savannah Kathleen Barton		
17B. SOCIAL SECURITY NUMBER 005012012	17C. DATE OF BIRTH (MM-DD-YYYY) 05-01-2018	
17D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country) City or County Winston Salem State/Province NC Country		
17E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH 		
17F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES No. & Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code		
17G. CHILD STATUS (Check all that apply) <input checked="" type="checkbox"/> BIOLOGICAL <input type="checkbox"/> 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VA Form 21-674) <input type="checkbox"/> ADOPTED <input type="checkbox"/> CHILD INCAPABLE OF SELF-SUPPORT <input type="checkbox"/> CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 16H) <input type="checkbox"/> STEPCCHILD (If checked, complete Item 16I)		
17H. HOW AND WHEN MARRIAGE ENDED DATE (MM-DD-YYYY) <input type="checkbox"/> DIVORCE <input type="checkbox"/> OTHER (Explain) <input type="checkbox"/> ANNULLED		
17I. IF YOU CHECKED "STEPCHILD" IN ITEM 16G, IS STEPCCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE? <input type="checkbox"/> YES (If "Yes," provide the date the child entered veteran's household) DATE (MM-DD-YYYY) <input type="checkbox"/> NO		

SECTION III: INFORMATION NEEDED TO ADD CHILD(REN) (Continued) (If claiming more than four children, fill out addendum (Page 15) and submit with application)		
18A. NAME OF THIRD CHILD TO ADD <i>(First, Middle Initial, Last)</i>		
18B. SOCIAL SECURITY NUMBER	18C. DATE OF BIRTH <i>(MM-DD-YYYY)</i>	
18D. PLACE OF BIRTH <i>(Provide City and State, County and State, or City and Country)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> City or County State/Province Country </div>		
18E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH		
18F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES No. & Street <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Apt./Unit Number City </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> State/Province Country ZIP Code/Postal Code </div>		
18G. CHILD STATUS <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> 18-23 YEARS OLD AND IN SCHOOL <i>(If checked, fill out VA Form 21-674)</i> </div> <div> <input type="checkbox"/> ADOPTED <input type="checkbox"/> CHILD INCAPABLE OF SELF-SUPPORT </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> CHILD PREVIOUSLY MARRIED <i>(If checked, provide the date marriage ended and how the marriage ended in Item 16H)</i> </div> <div> <input type="checkbox"/> STEPCHILD <i>(If checked, complete Item 16I)</i> </div> </div>		
18H. HOW AND WHEN MARRIAGE ENDED <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> DATE <i>(MM-DD-YYYY)</i> <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULLED </div> <div> <input type="checkbox"/> OTHER <i>(Explain)</i> </div> </div>		
18I. IF YOU CHECKED "STEPCHILD" IN ITEM 16G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> YES <i>(If "Yes," provide the date the child entered veteran's household)</i> <input type="checkbox"/> NO </div> <div> DATE <i>(MM-DD-YYYY)</i> </div> </div>		
19A. NAME OF FOURTH CHILD TO ADD <i>(First, Middle Initial, Last)</i>		
19B. SOCIAL SECURITY NUMBER	19C. DATE OF BIRTH <i>(MM-DD-YYYY)</i>	
19D. PLACE OF BIRTH <i>(Provide City and State, County and State, or City and Country)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> City or County State/Province Country </div>		
19E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH		
19F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES No. & Street <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Apt./Unit Number City </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> State/Province Country ZIP Code/Postal Code </div>		
19G. CHILD STATUS <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> 18-23 YEARS OLD AND IN SCHOOL <i>(If checked, fill out VA Form 21-674)</i> </div> <div> <input type="checkbox"/> ADOPTED <input type="checkbox"/> CHILD INCAPABLE OF SELF-SUPPORT </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> CHILD PREVIOUSLY MARRIED <i>(If checked, provide the date marriage ended and how the marriage ended in Item 16H)</i> </div> <div> <input type="checkbox"/> STEPCHILD <i>(If checked, complete Item 16I)</i> </div> </div>		
19H. HOW AND WHEN MARRIAGE ENDED <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> DATE <i>(MM-DD-YYYY)</i> <input type="checkbox"/> DIVORCE <input type="checkbox"/> ANNULLED </div> <div> <input type="checkbox"/> OTHER <i>(Explain)</i> </div> </div>		
19I. IF YOU CHECKED "STEPCHILD" IN ITEM 16G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> YES <i>(If "Yes," provide the date the child entered veteran's household)</i> <input type="checkbox"/> NO </div> <div> DATE <i>(MM-DD-YYYY)</i> </div> </div>		

SECTION IV: VETERAN REPORTING DIVORCE FROM FORMER SPOUSE
(If you have stepchild(ren), also complete Section V)

NOTE: If marriage ended as an annulment or declared void, use Section IX, Item 25, "Remarks" to explain.

20A. NAME OF FORMER SPOUSE (First, Middle Initial, Last)

20B. PLACE OF DIVORCE (Provide city and state, county and state, or city and country)

City or County

State/Province

Country

20C. DATE OF DIVORCE

SECTION V: VETERAN/CLAIMANT REPORTING ON STEPCHILD(REN)

21A. (1) DID YOU HAVE A STEPCHILD(REN) THAT WAS THE BIOLOGICAL OR ADOPTED CHILD(REN) OF THE FORMER SPOUSE LISTED IN ITEM 20A?

☐ YES (If "YES," list the name(s) of the stepchild(ren) here):

☐ NO (If "NO," skip to Section VI)

21A. (2) NAME(S) OF STEPCHILD(REN) (First, Middle Initial, Last)

21B. ARE YOU STILL SUPPORTING YOUR STEPCHILD(REN) LISTED IN ITEM 21A?

☐ YES (If "YES," complete Items 21C through 21L)

☐ NO (If "NO," complete Item 21F and then continue to Section VI)

21C. NAME OF STEPCHILD YOU ARE SUPPORTING

21D. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE THE NAME OF PERSON WITH WHOM STEPCHILD RESIDES

21E. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE A COMPLETE ADDRESS

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

21F. DATE STEPCHILD LEFT VETERAN'S HOUSEHOLD (MM-DD-YYYY)

21G. FINANCIAL SUPPORT PROVIDED

☐

More than half

☐

Half

☐

Less than half

21H. NAME OF STEPCHILD YOU ARE SUPPORTING

21I. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE THE NAME OF PERSON WITH WHOM STEPCHILD RESIDES

21J. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE A COMPLETE ADDRESS

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

21K. DATE STEPCHILD LEFT VETERAN'S HOUSEHOLD (MM-DD-YYYY)

21L. FINANCIAL SUPPORT PROVIDED

☐

More than half

☐

Half

☐

Less than half

SECTION VI: VETERAN/CLAIMANT REPORTING DEATH OF A DEPENDENT22A. (1) DEPENDENT TYPE *(Check all that apply)*

- ☐ SPOUSE ☐ MINOR CHILD (UNDER 18 YEARS OLD) ☐ STEPCHILD ☐ ADOPTED ☐ DEPENDENT PARENT
☐ CHILD PERMANENTLY INCAPABLE OF SELF-SUPPORT ☐ 18-23 YEARS OLD AND IN SCHOOL

22B. NAME OF DEPENDENT *(First, Middle Initial, Last)*22C. DATE OF DEATH *(MM/DD/YYYY)*22D. PLACE OF DEATH *(City & State, County & State, or City & Country)*

City or County

State/Province

Country

22A. (2) DEPENDENT TYPE *(Check all that apply)*

- ☐ SPOUSE ☐ MINOR CHILD (UNDER 18 YEARS OLD) ☐ STEPCHILD ☐ ADOPTED ☐ DEPENDENT PARENT
☐ CHILD PERMANENTLY INCAPABLE OF SELF-SUPPORT ☐ 18-23 YEARS OLD AND IN SCHOOL

22B. NAME OF DEPENDENT *(First, Middle Initial, Last)*22C. DATE OF DEATH *(MM/DD/YYYY)*22D. PLACE OF DEATH *(City & State, County & State, or City & Country)*

City or County

State/Province

Country

SECTION VII: VETERAN/CLAIMANT REPORTING MARRIAGE OF CHILD23A. NAME OF CHILD *(First, Middle Initial, Last)*23B. DATE OF MARRIAGE *(MM-DD-YYYY)***SECTION VIII: VETERAN/CLAIMANT REPORTING A SCHOOLCHILD OVER 18 HAS STOPPED ATTENDING SCHOOL**24A. NAME OF SCHOOLCHILD *(First, Middle Initial, Last)*

24B. DATE SCHOOLCHILD STOPPED ATTENDING SCHOOL

SECTION IX: REMARKS

25. REMARKS (If any)

SECTION X: BENEFICIARY/CLAIMANT'S CERTIFICATION AND SIGNATURE

(Note: Completion of this section is REQUIRED to process your request)

IMPORTANT: The primary purpose of this form is to gather information or statements that may result in a change to your VA benefits. By signing this form you have given permission to make benefit payment changes that could result in the creation of an overpayment. If such adverse actions are taken you will receive additional notification from VA regarding repayment options.

I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.

26A. SIGNATURE OF BENEFICIARY/CLAIMANT OR ALTERNATE SIGNER* (REQUIRED)

Clint Barton

(FOR USE BY VA ONLY)

26B. DATE (MM/DD/YYYY)
06-03-2022

*ALTERNATE SIGNER: By signing on behalf of the beneficiary/claimant, I certify that the claimant is:

- under the age of 18
- mentally incompetent to provide substantially accurate information needed to complete the form or to certify that the statements made on the form are true and complete, or
- physically unable to sign the form

*ALTERNATE SIGNER: By signing on behalf of the beneficiary/claimant, I certify that I am:

- a court-appointed representative,
- an attorney in fact or agent authorized to act on behalf of the claimant under a durable power of attorney,
- a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative, or
- a manager or principal officer acting on behalf of an institution which is responsible for the care of the claimant.

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 USC 5101 (c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine marital status and eligibility for an additional allowance for dependents under 38 U.S.C. 1115. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

SECTION XI: ADDITIONAL CHILD(REN) (Addendum)

(Please submit this page with the completed application if you have additional children to add to your claim. If more space is needed, please make additional copies of this page to submit with your application.)

1A. NAME OF **ADDITIONAL** CHILD TO ADD (*First, Middle Initial, Last*)

1B. SOCIAL SECURITY NUMBER

1C. DATE OF BIRTH (*MM-DD-YYYY*)1D. PLACE OF BIRTH (*Provide City and State, County and State, or City and Country*)

City or County

State/Province

Country

1E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE NAME OF PERSON THE CHILD RESIDES WITH

1F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

1G. CHILD STATUS (*Check all that apply*)☐

BIOLOGICAL

☐18-23 YEARS OLD AND IN SCHOOL (*If checked, fill out VA Form 21-674*)☐

ADOPTED

☐CHILD PERMANENTLY INCAPABLE OF
SELF-SUPPORT☐CHILD PREVIOUSLY MARRIED (*If checked, provide the date marriage ended and how the marriage ended in Item 1H*)☐STEPCHILD (*If checked, complete Item 1I*)

1H. HOW AND WHEN MARRIAGE ENDED

DATE (*MM-DD-YYYY*)☐

DIVORCED

☐OTHER (*Explain*)☐

ANNULLED

1I. IF YOU CHECKED "STEPCHILD" IN ITEM 1G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?

☐YES (*If "Yes," provide the date the child entered veteran's household*) DATE (*MM/DD/YYYY*)☐

NO

2A. NAME OF **ADDITIONAL** CHILD TO ADD (*First, Middle Initial, Last*)

2B. SOCIAL SECURITY NUMBER

2C. DATE OF BIRTH (*MM-DD-YYYY*)2D. PLACE OF BIRTH (*Provide City and State, County and State, or City and Country*)

City or County

State/Province

Country

2E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE NAME OF PERSON THE CHILD RESIDES WITH

2F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

2G. CHILD STATUS (*Check all that apply*)☐

BIOLOGICAL

☐18-23 YEARS OLD AND IN SCHOOL (*If checked, fill out VA Form 21-674*)☐

ADOPTED

☐CHILD PERMANENTLY INCAPABLE OF
SELF-SUPPORT☐CHILD PREVIOUSLY MARRIED (*If checked, provide the date marriage ended and how the marriage ended in Item 2H*)☐STEPCHILD (*If checked, complete Item 2I*)

2H. HOW AND WHEN MARRIAGE ENDED

DATE (*MM-DD-YYYY*)☐

DIVORCED

☐OTHER (*Explain*)☐

ANNULLED

2I. IF YOU CHECKED "STEPCHILD" IN ITEM 2G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?

☐YES (*If "Yes," provide the date the child entered veteran's household*) DATE (*MM/DD/YYYY*)☐

NO