

**NOTICE TO BENEFICIARY/CLAIMANT REGARDING THE INFORMATION AND EVIDENCE NEEDED TO
SUPPORT A CLAIM FOR ADDITIONAL BENEFITS FOR A DEPENDENT OR TO REMOVE A
DEPENDENT FROM AN AWARD**

Use this form and the attached application to:

- submit a claim for additional benefits for a dependent, or
- request removal of a dependent from your award.

The table below identifies the types of dependents for whom VA beneficiaries may be entitled to additional benefits.

If you are a ...	Then you may be entitled to additional benefits for ...
veteran entitled to disability compensation who has a combined disability rating of at least 30 percent	<ul style="list-style-type: none"> • a spouse, • children under age 18, • children that are between the ages of 18 and 23 who are attending school, • children over age 18 that are permanently incapable of self-support, and/or • dependent parents.
veteran entitled to Veterans Pension	<ul style="list-style-type: none"> • a spouse, • children under age 18, • children that are between the ages of 18 and 23 who are attending school, and/or • children over age 18 that are permanently incapable of self-support
surviving spouse entitled to survivors benefits	<ul style="list-style-type: none"> • children under age 18, • children that are between the ages of 18 and 23 who are attending school, and/or • children over age 18 that are permanently incapable of self-support. <p><i>Exception:</i> A surviving spouse entitled to Dependency and Indemnity Compensation (DIC) is not entitled to additional benefits for children over age 18 that receive DIC in their own right.</p>

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The table below provides a guide to the instructions and the application. The completion of certain sections of this application are required. Be aware that you **must** complete **Section I - Veteran/Claimant's Identification Information and Section X - Beneficiary/Claimant's Certification and Signature**. If these sections are not complete, we will **not** be able to process your claim for additional benefits for dependents. Otherwise, complete the remaining sections that apply to you.

If you are ...	Instructions	Application
claiming additional benefits for a spouse	Pages 3 and 4	Pages 7 and 8
claiming additional benefits for a child	Pages 4 - 5	Pages 8 and 9
reporting a divorce	Page 5	Page 10
reporting that a stepchild is no longer a member of your household	Page 6	Page 10
reporting the death of a <ul style="list-style-type: none"> • spouse • child • dependent parent 	Page 5 Page 6 Page 6	Page 10
reporting the marriage of a child	Page 6	Page 10
reporting that a schoolchild over 18 has stopped attending school	Page 6	Page 11
claiming additional benefits for more than four children		Addendum - Page 12

CIRCUMSTANCES THAT REQUIRE ADDITIONAL FORMS

Under certain circumstances, other forms in addition to VA Form 21-686c, *Application Request to Add and/or Remove Dependents*, must be provided when claiming additional benefits for a dependent. The table below describes those circumstances. All VA forms are available at www.va.gov/vaforms.

If ...	Then submit ...
<ul style="list-style-type: none"> • you are seeking additional benefits for a child or children who are between the ages of 18 and 23 who are attending school 	VA Form 21-674, <i>Request for Approval of School Attendance</i> . Note: Submit VA Form 21-686c in addition to VA Form 21-674 only if you have never received additional benefits for the child or children.
<ul style="list-style-type: none"> • you are entitled to Veterans Pension (instead of disability compensation based on service-connected disabilities), and • you are seeking additional benefits for a spouse only 	submit VA Form 21P-0516-1, <i>Improved Pension Eligibility Verification Report (Veteran With No Children)</i> , in addition to VA Form 21-686c.
<ul style="list-style-type: none"> • you are entitled to Veterans Pension • you are seeking additional benefits for a child or children (with or without a spouse), and • the child or children are under the age of 23 or permanently incapable of self-support 	VA Form 21P-0517-1, <i>Improved Pension Eligibility Verification Report (Veteran With Children)</i> , in addition to VA Form 21-686c.
<ul style="list-style-type: none"> • you are entitled to Survivors Pension,(instead of DIC based on a veteran's service-connected death) and • you are seeking additional benefits for a child or children that are either under the age of 23 or incapable of self-support. 	VA Form 21P-0519s-1, <i>Improved Pension Eligibility Verification Report (Surviving Spouse With Children)</i> , in addition to VA Form 21-686c.
<ul style="list-style-type: none"> • you are a veteran entitled to disability compensation (based on service-connected disabilities), and • you are seeking additional benefits for a dependent parent or parents. 	VA Form 21P-509, <i>Statement of Dependency of Parent(s)</i> . Note: There is no need to submit VA Form 21-686c when filing a claim for additional benefits for a dependent parent or parents.
<ul style="list-style-type: none"> • you are a veteran entitled to disability compensation, and • you are seeking additional benefits for a spouse who requires aid and attendance 	VA Form 21-2680, <i>Examination for Housebound Status or Permanent Need for Regular Aid and Attendance</i> , or if your spouse resides in a nursing home, use VA Form 21-0779, <i>Request for Nursing Home Information in Connection with Claim for Aid and Attendance</i> . Note: Submit VA Form 21-686c in addition to one of the forms referenced above only if you have never received additional benefits for your spouse.
<ul style="list-style-type: none"> • you are a veteran seeking additional benefits for a spouse based on common-law marriage 	VA Form 21-4170, <i>Statement of Marital Relationship</i> , and VA Form 21P-4171, <i>Supporting Statement Regarding Marriage</i> . Note: The above referenced forms must be submitted in addition to VA Form 21-686c.

HOW TO SUBMIT

May I apply electronically? You may apply for additional benefits for dependents and/or request removal of dependents online through eBenefits at www.ebenefits.va.gov. If you do not have an account, you must create one. Once you have logged into your account, select the "Add or Remove Dependent" hyperlink on the "Apply for Benefits" page. Once you have electronically submitted the form, you will be able to track your claim status using eBenefits.

NOTE: You may wish to contact an accredited veteran service officer (VSO) to assist you with your application. You may locate a list of VSO's at <https://www.va.gov/vso/>.

WHERE TO SEND INFORMATION AND EVIDENCE

MAIL TO:	FAX TO:	ONLINE:
Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444	844-531-7818 (toll free) 248-524-4260 (foreign claims)	www.ebenefits.gov

IMPORTANT: Applicants are required to provide their Social Security number (SSN), unless a SSN has not been assigned. Use Section IX, Item 25, Remarks, to explain why a SSN has not been assigned.

TO ADD A SPOUSE TO A VETERAN'S AWARD:

Marriage by Ceremony

VA will require additional evidence* to establish a spouse; if

- you do not reside within a state, territory, or other possession of the United States,
- your entries on the application conflict with other information you provided, and the discrepancies cannot be resolved through contact with you or a review of other information of record
- information of record raises questions regarding the validity of the marriage, or
- there is an indication of fraud or misrepresentation.

***Additional Evidence:**

- Primary evidence of a marriage consists of a copy or abstract of the public record of a marriage, or a copy of the church record of a marriage, containing sufficient data to identify the
 - parties involved,
 - date (month, day, and year) and place (city and state, county and state, or city and country) of the marriage, and
 - number of prior marriages for each spouse, if not shown on the official record.
- If primary evidence of a marriage is unavailable, a marriage may still be established by submission of the following evidence in the order of preference shown below;
 - an official report from your branch of service regarding a marriage that occurred while you were in service,
 - an affidavit of the clergyman or magistrate who officiated in the marriage ceremony,
 - a certified copy of the original certificate of marriage,
 - affidavits or certified statements signed by two or more witnesses that attended the marriage ceremony, or
 - any other secondary evidence that reasonably supports the assertion that a valid marriage occurred.

Note: The process to establish a same sex or transgender marriage is no different than the process to establish a marriage between of the opposite sex.

Establishing a Common-Law Marriage

In some states it is possible to contract a marriage without a ceremony and without registration of the marriage. This type of marriage is referred to as a common-law marriage.

VA may recognize a common-law marriage that was considered valid in the state in which it took place. A common law marriage generally requires an agreement between the parties to be married, cohabitation, and holding themselves out to the public as married.

Evidence that must be submitted to claim a common-law marriage:

- VA Form 21-4170 completed by the veteran
- VA Form 21-4170 completed by the veteran's spouse in the common-law marriage
- Two VA Forms 21P-4171, each completed by two different persons that can provide their personal observations about the parties to the common-law marriage and the relationship that exists/existed between them, and
- Copies of the birth certificates of any children born of the common-law marriage.

Tribal Ceremony

VA may recognize marriages performed in accordance with tribal custom.

To establish a tribal marriage, a claimant must provide **all** of the following items:

- Affidavits from the parties married by tribal custom that include the name of the tribe, date (month, day, and year) of marriage, place (city and state, county and state, or city and country) where the marriage ceremony occurred, and name/ mailing address of the person who performed the ceremony.
- Affidavits from at least two people who were present at the time the tribal marriage ceremony took place. The affidavits must include the name of the tribe, date (month, day, and year) of marriage, place (city and state, county and state, or city and country) where the marriage ceremony occurred, and name/ mailing address of the person who performed the ceremony.
- Affidavit from the person who performed the ceremony, showing the date (month, day, and year) and place (city and state, county and state, or city and country) where the marriage ceremony occurred, and that person's authority for conducting the ceremony.

Proxy Marriage

A proxy marriage is a wedding in which one or both of the individuals being united are not physically present, and are instead represented by other persons. If both partners are absent, a double proxy wedding occurs.

Marriage by proxy typically occurs when a couple wishes to marry, but one or both partners cannot attend for reasons such as military service, imprisonment, or travel restrictions; or when a couple lives in a jurisdiction in which they cannot legally marry.

All documents/certificates issued in connection with a claimed proxy marriage must be provided to establish a proxy marriage for VA purposes.

Note: The validity of a proxy marriage is dependent upon the law in effect at the location in which the proxy marriage was performed.

Spousal Aid & Attendance (A&A)

- VA may pay additional benefits to a Veteran for a spouse with severe medical need/disability (ies). To claim the additional benefits, a
- Veteran must complete a VA Form 21-2680 and submit medical evidence showing his or her spouse
- is blind or so nearly blind as to have corrected visual acuity of 5/200 or less in both eyes or concentric contraction of the visual field to 5 degrees or less; or
- is a patient in a nursing home because of mental or physical incapacity (by completing VA Form 21-0779); or
- requires the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting him or her from the hazards of his or her daily environment.

TO ADD A CHILD TO A BENEFICIARY/CLAIMANT'S AWARD:

Unmarried Child

A person must be unmarried in order to be considered a child for VA purposes.

VA may continue paying additional benefits for an unmarried child

- until the child reaches age
 - 18, or
 - 23, if the child is attending an approved school, or
- indefinitely if the child becomes permanently incapable of self-support before his/her 18th birthday.

VA will require a copy of the child's birth certificate; if

- you do not reside within a state, territory or other possession of the United States,
- your entries on the application conflict with other information you provided, and the discrepancies cannot be resolved through contact with you or a review of other information of record, or
- there is an indication of fraud or misrepresentation.

School-Age Child

You **must complete and submit** VA Form 21-674 to claim additional benefits for a child who is

- between the ages of 18 and 23, and
- attending school.

Note:

- Claimants with more than one school-age child must complete a separate VA Form 21-674 for each child.
- VA Form 21-674 is used to report
 - school attendance,
 - a change in the educational facility a child is attending, and/or
 - a change in the date a school-age child plans to stop attending school.

Stepchild

VA will ask you to provide a copy of your stepchild's birth certificate, showing the names of both parents, before it will add the stepchild; if

- you do not reside within a state, territory, or other possession of the United States,
- your entries on the application conflict with other information you provided, and the discrepancies cannot be resolved through contact with you or a review of other information of record.

- information of record raises questions regarding the validity of the marriage of the stepchild's biological or adoptive parent to the veteran, or
- there is an indication of fraud or misrepresentation.

Provide a copy of the decree of adoption or adoptive placement agreement if the veteran's spouse is the adoptive parent of the stepchild.

Note:

- VA may pay benefits to or for a stepchild only if the stepchild is (or was at the time of the veteran's death, if the veteran is deceased) a member of the veteran's household.
- If the veteran and stepchild do not reside together (or were not residing together when the veteran died, if the veteran is deceased), the stepchild remains a member of the veteran's household **if**
 - they live (or lived, if the veteran is deceased) apart for medical reasons, to attend school, or to fulfill a military service obligation, **or**
 - the veteran provides (or provided, if the veteran is deceased) at least half of the stepchild's support.

Adopted Child

A claim for additional benefits for an adopted child must include a copy of the

- final decree of adoption,
- adoptive placement agreement,
- interlocutory decree of adoptions, or
- revised birth certificate.

Note: VA **cannot** pay additional benefits for a grandchild or foster child unless the claimant submits evidence (referenced above) showing the veteran adopted the grand/foster child.

Child Incapable of Self-Support

VA may pay additional benefits for a child beyond his/her 23rd birthday if VA determines the child became permanently incapable of self-support before his/her 18th birthday.

A claim for additional benefits for a child who is incapable of self-support must include

- medical evidence showing a permanent mental or physical disability existed before his/her 18th birthday, and
- a statement from an attending physician showing the nature and extent of the child's physical or mental impairment.

REMOVAL OF A SPOUSE FROM A VETERAN'S AWARD:

Divorce or Death of a Spouse

VA must remove a spouse from a veteran's award when the spouse dies or divorces/annuls the marriage to the veteran.

Note:

- Veterans in receipt of disability compensation are **not** required to report to VA a separation or estrangement from their spouse, as it will have no effect on their award.
- Veterans remain entitled to additional benefits for a stepchild after divorcing the stepchild's biological or adoptive parent, as long as the veteran provides at least half of the stepchild's support.

REMOVAL OF A CHILD FROM A BENEFICIARY'S AWARD:

Married Child

A person must be unmarried to qualify as a child for VA purposes. Therefore, a person of any age who marries ceases to be a child for VA purposes.

Note: If a child marries, and then the marriage is terminated by annulment or declared void, VA may resume the payment of additional benefits for the child.

Child Who Is Between the Ages of 18 and 23 and Not Attending School

To be considered a school child for VA purposes a person must be between the ages of 18 and 23 and attending a VA-accredited educational facility.

Stepchild

VA must remove a stepchild from a veteran's award when the stepchild ceases being a member of the veteran's household.

Note: The awarding of legal custody of a stepchild to someone other than the veteran will not affect the additional benefits to which the veteran is entitled for that child, as long as the stepchild remains a member of the veteran's household.

Child Given Up for Adoption

In most cases, a beneficiary who gives up a child for adoption is no longer entitled to additional benefits for that child.

VA will use the most beneficial effective date when removing the veteran's child that has been given up for adoption. The date (month, day, and year) that the child was given up for adoption must be provided. Use Section IX, Item 25, Remarks to provide this information.

Death of a Child

VA must remove a child from a beneficiary's award when the child dies.

REMOVAL OF A DEPENDENT PARENT DUE TO DEATH:

Dependent Parent

VA must remove a dependent parent from a veteran's award when a parent dies.

For more information on VA benefits, visit our web site at www.va.gov, contact us at <https://iris.custhelp.com/>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711.



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 *must* sign in Item 26A. When you have completed this form, you can mail or fax it to the address or the fax number shown at the bottom of Page 2. If you prefer you may complete and submit the form online at www.ebenefits.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)

2. VETERAN'S SOCIAL SECURITY NUMBER

3. VA FILE NUMBER

4. VETERAN'S DATE OF BIRTH

Month Day Year

— —

— —

5. CLAIMANT'S NAME (If other than veteran) (First, Middle Initial, Last)

6. CLAIMANT'S SOCIAL SECURITY NUMBER

7. VETERAN'S SERVICE NUMBER (If applicable)

8. TELEPHONE NUMBER (Include Area Code)

— —

9. E-MAIL ADDRESS (Optional)

10. COMPLETE MAILING ADDRESS OF VETERAN/CLAIMANT (Number and Street or Rural Route, P. O. Box, City, State, ZIP Code and Country)

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

—

SECTION II: INFORMATION NEEDED TO ADD SPOUSE

11A. SPOUSE'S NAME (First, Middle Initial, Last)

11B. SPOUSE'S DATE OF BIRTH

Month Day Year

— —

11C. SPOUSE'S SOCIAL SECURITY NUMBER (SSN) (If your spouse does not have an SSN, explain why in Section IX, Item 25, Remarks)

— —

11D. DATE OF MARRIAGE

Month Day Year

— —

11E. PLACE OF MARRIAGE (City and State, County and State, or City and Country)

11F. HOW WERE YOU MARRIED? (Check one)

- RELIGIOUS CEREMONY (i.e. Minister, Priest, Rabbi, etc.) or CIVIL CEREMONY (i.e. Justice of the Peace)
- COMMON LAW TRIBAL PROXY
- OTHER (Explain)

12A. IS YOUR SPOUSE ALSO A VETERAN?

- YES (If "YES," complete Items 12B and 12C)
- 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?

- YES 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

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

—

NOTE: You *must* provide complete information about **your prior marriages** and **your current spouse's prior marriages**.

VETERAN/CLAIMANT'S PREVIOUS MARITAL INFORMATION
(If no prior marriages, this section may be left blank)

14A. DATE AND PLACE OF MARRIAGE		14B. TO WHOM MARRIED <i>(First, Middle Initial, Last Name)</i>	14C. REASON FOR TERMINATION <i>(Death, Divorce, Annulment)</i>	14D. DATE AND PLACE MARRIAGE TERMINATED	
MM/DD/YYYY	CITY & STATE, COUNTY & STATE, or CITY & COUNTRY			MM/DD/YYYY	CITY & STATE COUNTY & STATE, or CITY & COUNTRY

CURRENT SPOUSE'S PREVIOUS MARITAL INFORMATION
(If no prior marriages, this section may be left blank)

15A. DATE AND PLACE OF MARRIAGE		15B. TO WHOM MARRIED <i>(First, Middle Initial, Last Name)</i>	15C. REASON FOR TERMINATION <i>(Death, Divorce, Annulment)</i>	15D. DATE AND PLACE MARRIAGE TERMINATED	
MM/DD/YYYY	CITY & STATE COUNTY & STATE, or CITY & COUNTRY			MM/DD/YYYY	CITY & STATE COUNTY & STATE, or CITY & COUNTRY

SECTION III: INFORMATION NEEDED TO ADD CHILD(REN)
(If claiming more than four children, fill out addendum (Page 12) and submit with application)

16A. NAME OF **FIRST** CHILD TO ADD *(First, Middle Initial, Last)*

16B. SOCIAL SECURITY NUMBER

16C. DATE OF BIRTH

Month Day Year

16D. PLACE OF BIRTH *(Provide City and State, County and State, or City and 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

16G. CHILD STATUS *(Check all that apply)*

- BIOLOGICAL
 18-23 YEARS OLD AND IN SCHOOL *(If checked, fill out VA Form 21-674)*
 ADOPTED
 CHILD INCAPABLE OF SELF-SUPPORT
 CHILD PREVIOUSLY MARRIED *(If checked, provide the date marriage ended and how the marriage ended in Item 16H)*
 STEPCHILD *(If checked, complete Item 16I)*

16H. HOW AND WHEN MARRIAGE ENDED

DATE: _____ *(MM/DD/YYYY)*
 ANNULLED
 DECLARED VOID
 OTHER *(Explain)*

16I. IF YOU CHECKED "STEPCHILD" IN ITEM 16G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?

- YES *(If "Yes," provide the date the child entered veteran's household):* _____ *(MM/DD/YYYY)*
 NO

SECTION III: INFORMATION NEEDED TO ADD CHILD(REN) (Continued)
(If claiming more than four children, fill out addendum (Page 12) and submit with application)

17A. NAME OF **SECOND** CHILD TO ADD (First, Middle Initial, Last)

17B. SOCIAL SECURITY NUMBER

- -

17C. DATE OF BIRTH

Month Day Year

- -

17D. PLACE OF BIRTH (Provide City and State, County and State, or City and 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

17G. CHILD STATUS (Check all that apply)

- BIOLOGICAL 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VA Form 21-674) ADOPTED CHILD INCAPABLE OF SELF-SUPPORT
- CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 17H) STEPCHILD (If checked, complete Item 17I)

17H. HOW AND WHEN MARRIAGE ENDED

DATE: _____ (MM/DD/YYYY) ANNULLED DECLARED VOID OTHER (Explain)

17I. IF YOU CHECKED "STEPCHILD" IN ITEM 17G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?

- YES (If "Yes," provide the date the child entered veteran's household): _____ (MM/DD/YYYY)
- NO

18A. NAME OF **THIRD** CHILD TO ADD (First, Middle Initial, Last)

18B. SOCIAL SECURITY NUMBER

- -

18C. DATE OF BIRTH

Month Day Year

- -

18D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country)

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

18G. CHILD STATUS (Check all that apply)

- BIOLOGICAL 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VA Form 21-674) ADOPTED CHILD INCAPABLE OF SELF-SUPPORT
- CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 18H) STEPCHILD (If checked, complete Item 18I)

18H. HOW AND WHEN MARRIAGE ENDED

DATE: _____ (MM/DD/YYYY) ANNULLED DECLARED VOID OTHER (Explain)

18I. IF YOU CHECKED "STEPCHILD" IN ITEM 18G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?

- YES (If "Yes," provide the date the child entered veteran's household): _____ (MM/DD/YYYY)
- NO

19A. NAME OF **FOURTH** CHILD TO ADD (First, Middle Initial, Last)

19B. SOCIAL SECURITY NUMBER

- -

19C. DATE OF BIRTH

Month Day Year

- -

19D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country)

19E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH

19F. IF CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES

19G. CHILD STATUS (Check all that apply)

- BIOLOGICAL 18-23 YEARS OLD AND IN SCHOOL (If checked, fill out VA Form 21-674) ADOPTED CHILD INCAPABLE OF SELF-SUPPORT
- CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ended and how the marriage ended in Item 19H) STEPCHILD (If checked, complete Item 19I)

19H. HOW AND WHEN MARRIAGE ENDED

DATE: _____ (MM/DD/YYYY) ANNULLED DECLARED VOID OTHER (Explain)

19I. IF YOU CHECKED "STEPCHILD" IN ITEM 19G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?

- YES (If "Yes," provide the date the child entered veteran's household): _____ (MM/DD/YYYY)
- NO

**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)

20C. DATE OF DIVORCE
 Month Day Year
 - - -

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

21A. 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)

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

- YES (If "YES," complete Items 21C through 21G)
 NO (If "NO," skip 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	21F. DATE STEPCHILD LEFT VETERAN'S HOUSEHOLD	21G. FINANCIAL SUPPORT PROVIDED
				<input type="checkbox"/> More than half <input type="checkbox"/> Half <input type="checkbox"/> Less than half
				<input type="checkbox"/> More than half <input type="checkbox"/> Half <input type="checkbox"/> Less than half
				<input type="checkbox"/> More than half <input type="checkbox"/> Half <input type="checkbox"/> Less than half
				<input type="checkbox"/> More than half <input type="checkbox"/> Half <input type="checkbox"/> Less than half

SECTION VI: VETERAN/CLAIMANT REPORTING DEATH OF A DEPENDENT

22A. DEPENDENT TYPE (Check all that apply)

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

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

SECTION VII: VETERAN/CLAIMANT REPORTING MARRIAGE OF CHILD

23A. NAME OF CHILD (First, Middle Initial, Last)

23B. DATE OF MARRIAGE
 Month Day Year
 - - -

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
Month Day Year
 - - -

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* <i>(Please sign in ink)</i>	<i>(FOR USE BY VA ONLY)</i>	26B. DATE <i>(MM/DD/YYYY)</i>
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***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 Vocational Rehabilitation 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 CHILD TO ADD <i>(First, Middle Initial, Last)</i>		
1B. SOCIAL SECURITY NUMBER - -	1C. DATE OF BIRTH Month Day Year - -	1D. PLACE OF BIRTH <i>(Provide City and State, County and State, or City and Country)</i>
1E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH		
1F. IF CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES		
1G. CHILD STATUS <i>(Check all that apply)</i> <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> 18-23 YEARS OLD AND IN SCHOOL <i>(If checked, fill out VA Form 21-674)</i> <input type="checkbox"/> ADOPTED <input type="checkbox"/> CHILD INCAPABLE OF SELF-SUPPORT <input type="checkbox"/> CHILD PREVIOUSLY MARRIED <i>(If checked, provide the date marriage ended and how the marriage ended in Item 1H)</i> <input type="checkbox"/> STEPCCHILD <i>(If checked, complete Item 1I)</i>		
1H. HOW AND WHEN MARRIAGE ENDED DATE: _____ <i>(MM/DD/YYYY)</i> <input type="checkbox"/> ANNULLED <input type="checkbox"/> DECLARED VOID <input type="checkbox"/> OTHER <i>(Explain)</i>		
1I. IF YOU CHECKED "STEPCHILD" IN ITEM 1G, IS STEPCCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE? <input type="checkbox"/> YES <i>(If "Yes," provide the date the child entered veteran's household):</i> _____ <i>(MM/DD/YYYY)</i> <input type="checkbox"/> NO		
2A. NAME OF CHILD TO ADD <i>(First, Middle Initial, Last)</i>		
2B. SOCIAL SECURITY NUMBER - -	2C. DATE OF BIRTH Month Day Year - -	2D. PLACE OF BIRTH <i>(Provide City and State, County and State, or City and Country)</i>
2E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH		
2F. IF CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES		
2G. CHILD STATUS <i>(Check all that apply)</i> <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> 18-23 YEARS OLD AND IN SCHOOL <i>(If checked, fill out VA Form 21-674)</i> <input type="checkbox"/> ADOPTED <input type="checkbox"/> CHILD INCAPABLE OF SELF-SUPPORT <input type="checkbox"/> CHILD PREVIOUSLY MARRIED <i>(If checked, provide the date marriage ended and how the marriage ended in Item 2H)</i> <input type="checkbox"/> STEPCCHILD <i>(If checked, complete Item 2I)</i>		
2H. HOW AND WHEN MARRIAGE ENDED DATE: _____ <i>(MM/DD/YYYY)</i> <input type="checkbox"/> ANNULLED <input type="checkbox"/> DECLARED VOID <input type="checkbox"/> OTHER <i>(Explain)</i>		
2I. IF YOU CHECKED "STEPCHILD" IN ITEM 2G, IS STEPCCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE? <input type="checkbox"/> YES <i>(If "Yes," provide the date the child entered veteran's household):</i> _____ <i>(MM/DD/YYYY)</i> <input type="checkbox"/> NO		
3A. NAME OF CHILD TO ADD <i>(First, Middle Initial, Last)</i>		
3B. SOCIAL SECURITY NUMBER - -	3C. DATE OF BIRTH Month Day Year - -	3D. PLACE OF BIRTH <i>(Provide City and State, County and State, or City and Country)</i>
3E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH		
3F. IF CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES		
3G. CHILD STATUS <i>(Check all that apply)</i> <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> 18-23 YEARS OLD AND IN SCHOOL <i>(If checked, fill out VA Form 21-674)</i> <input type="checkbox"/> ADOPTED <input type="checkbox"/> CHILD INCAPABLE OF SELF-SUPPORT <input type="checkbox"/> CHILD PREVIOUSLY MARRIED <i>(If checked, provide the date marriage ended and how the marriage ended in Item 3H)</i> <input type="checkbox"/> STEPCCHILD <i>(If checked, complete Item 3I)</i>		
3H. HOW AND WHEN MARRIAGE ENDED DATE: _____ <i>(MM/DD/YYYY)</i> <input type="checkbox"/> ANNULLED <input type="checkbox"/> DECLARED VOID <input type="checkbox"/> OTHER <i>(Explain)</i>		
3I. IF YOU CHECKED "STEPCHILD" IN ITEM 3G, IS STEPCCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE? <input type="checkbox"/> YES <i>(If "Yes," provide the date the child entered veteran's household):</i> _____ <i>(MM/DD/YYYY)</i> <input type="checkbox"/> NO		