# Department of Veterans Affairs

## 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> <li>a spouse,</li> <li>children under age 18,</li> <li>children that are between the ages of 18 and 23 who are attending school,</li> <li>children over age 18 that are permanently incapable of self-support, and/or</li> <li>dependent parents.</li> </ul>
veteran entitled to Veterans Pension	<ul> <li>a spouse,</li> <li>children under age 18,</li> <li>children that are between the ages of 18 and 23 who are attending school, and/or</li> <li>children over age 18 that are permanently incapable of self-support</li> </ul>
surviving spouse entitled to survivors benefits	<ul> <li>children under age 18,</li> <li>children that are between the ages of 18 and 23 who are attending school, and/or</li> <li>children over age 18 that are permanently incapable of self-support.</li> <li><i>Exception</i>: A surviving spouse entitled to Dependency and Indemnity Compensation (DIC) is <i>not</i> entitled to additional benefits for children over age 18 that receive DIC in their own right.</li> </ul>

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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 <u>must</u> 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 <u>not</u> 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 8 and 9
claiming additional benefits for a child	Pages 4 - 5	Pages 10 and 11
reporting a divorce	Page 5	Page 12
reporting that a stepchild is no longer a member of your household	Page 6	Page 12 and 13
reporting the death of a • spouse • child • dependent parent	Page 5 Page 6 Page 6	Page 13
reporting the marriage of a child	Page 6	Page 13
reporting that a schoolchild over 18 has stopped attending school	Page 6	Page 13
claiming additional benefits for more than four children		Addendum - Page 15

## 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 <u>www.va.gov/vaforms</u>.

If	Then submit
<ul> <li>you are seeking additional benefits for a child or children who are between the ages of 18 and 23 who are attending school</li> <li>you are entitled to Veterans Pension (instead of disability compensation based on service-connected disabilities), and</li> <li>you are seeking additional benefits for a spouse only</li> </ul>	<ul> <li>VA Form 21-674, Request for Approval of School Attendance.</li> <li>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.</li> <li>VA Form 21P-0516-1, Improved Pension Eligibility Verification Report (Veteran With No Children), in addition to VA Form 21-686c.</li> </ul>
<ul> <li>you are entitled to Veterans Pension</li> <li>you are seeking additional benefits for a child or children (with or without a spouse), and</li> <li>the child or children are under the age of 23 or permanently incapable of self-support</li> </ul>	VA Form 21P-0517-1, Improved Pension Eligibility Verification Report (Veteran With Children), <b>in addition to</b> VA Form 21-686c.
<ul> <li>you are entitled to Survivors Pension,(instead of DIC based on a veteran's service-connected death) and</li> <li>you are seeking additional benefits for a child or children that are either under the age of 23 or incapable of self-support.</li> </ul>	VA Form 21P-0519s-1, Improved Pension Eligibility Verification Report (Surviving Spouse With Children), in addition to VA Form 21-686c.
<ul> <li>you are a veteran entitled to disability compensation (based on service-connected disabilities), and</li> <li>you are seeking additional benefits for a dependent parent or parents.</li> </ul>	VA Form 21P-509, <i>Statement of Dependency of Parent(s)</i> . <i>Note</i> : There is <i>no need</i> to submit VA Form 21-686c when filing a claim for additional benefits for a dependent parent or parents.
<ul> <li>you are a veteran entitled to disability compensation, and</li> <li>you are seeking additional benefits for a spouse who requires aid and attendance</li> </ul>	<ul> <li>VA Form 21-2680, Examination for Housebound Status or Permanent Need for Regular Aid and Attendance, or if your spouse resides in a nursing home, use VA Form 21-0779, Request for Nursing Home Information in Connection with Claim for Aid and Attendance.</li> <li>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.</li> </ul>
• 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 <i>in addition to</i> VA Form 21-686c.

## HOW TO APPLY ELECTRONICALLY

Want to apply electronically? You can apply online at <u>www.va.gov</u>. If you sign in or create an account at <u>www.va.gov</u>, we can prefill parts of your application and save your work in progress.

**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 <u>https://www.va.gov/vso/</u>.

## WHERE TO SEND INFORMATION AND EVIDENCE

MAIL TO	SUBMIT ONLINE
Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444	VA gov: <u>www.va.gov</u> Direct Upload via <u>access.va.gov</u>

**IMPORTANT**: Applicants *must* provide their Social Security Number (SSN), *and* the SSN of their dependent(s) 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 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
  - o 18, or
  - o 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
  - o school attendance,
  - o a change in the educational facility a child is attending, and/or
  - o 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 <u>www.va.gov</u>, contact us at <u>https://iris.custhelp.va.gov</u> 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.

OMB Approved No. 2900-0043 Respondent Burden: 30 minutes Expiration Date: 09/30/2021

Department of Veterans Affair	S	VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
APPLICATION REQUES REMOVE DEP		
<b>INSTRUCTIONS:</b> Make sure you sign and d <b>Note:</b> Unless the claimant is the veteran's surv "alternate signer", the veteran <u>must</u> sign in It form,you can mail it to the address shown at may complete and submit the form online at w	iving spouse or a designated tem 26A. When you have completed this the bottom of Page 2. If you prefer you	
	I: VETERAN/CLAIMANT'S IDENTIFICATION I ion is <u>REQUIRED</u> to process your request; ar	
NOTE: You may complete the form online or by hand. If co	mpleted 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 (If known)	4. VETERAN'S DATE OF BIRTH (MM-DD-YYYY)
5. CLAIMANT'S NAME (If other than veteran) (First, Middl	e Initial, Last)	
6. CLAIMANT'S SOCIAL SECURITY NUMBER	7. VETERAN'S SERVICE NUMBER (If applicable)	8. TELEPHONE NUMBER (Include Area Code)
		Enter International Phone Number (If applicable)
9. E-MAIL ADDRESS ( <i>Optional</i> ) I agree to receive ele	ectronic correspondence from VA in regards to my claim.	
10. COMPLETE MAILING ADDRESS OF VETERAN/CLAI No. & Street Apt./Unit Number Cit		x, City, State, ZIP Code and Country)
State/Province Country	ZIP Code/Postal Code	-
SECT	ION 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 (SS your spouse does not have an SSN, explain why in Section 1X, Item 25, Remarks)	
11E. PLACE OF MARRIAGE (City and State, County and State	e, or City and Country)	
City or County	, , , ,	State/Province Country
11F. HOW WERE YOU MARRIED? (Check one)       CIN         TRIBAL       PROXY       COMMON LAN		BIOUS CEREMONY (i.e. Minister, Priest, Rabbi, etc.)
12A. IS YOUR SPOUSE ALSO A VETERAN? O YES (If "YES," complete Items 12B and 12C) O 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 be		
13A. DO YOU LIVE TOGETHER?         YES         NO (If "NO," complete Items 13B d)	×	ample, marital problems, job requirements, health, etc.)
13C. CURRENT MAILING ADDRESS OF SPOUSE (Number No. & Street	er and Street or Rural Route, P.O. Box, City, State, ZIP Code	e and Country)
Apt./Unit Number Ci	ty	
State/Province Country	ZIP Code/Postal Code	_
VA FORM 21-686C	SUPERSEDES VA FORM 21-686c, JUN 2017.	Page 7

VETERAN'S SOCIAL SECURITY NO		
NOTE: You <i>must</i> provide complete information about <i>your prior marriages</i> and <i>yo</i>	ur current spouse's prior	marriages.
14. VETERAN/CLAIMANT'S PREVIOUS MARITA (If no prior marriages, this section may be		
14A. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)		
14A. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)	-	
City or County	State/Province	Country
14A. (3) REASON FOR TERMINATION		
O Death O Divorce O Annulment O Other (Explain):		
14A. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)	_	
City or County	State/Province	Country
14B. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)		
14B. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)	_	
City or County	State/Dravinco	0
	State/Province	Country
14B. (3) REASON FOR TERMINATION		
Death     Divorce     Annulment     Other (Explain):       14B     (4) DATE AND PLACE MARPIACE TERMINATED     (44) DD VVVV		
14B. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)	-	
City or County	State/Province	Country
14C. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)		
14C. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)	-	
City or County	State/Province	Country
14C. (3) REASON FOR TERMINATION		
O Death O Divorce O Annulment O Other (Explain):		
14C. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY) -	_	
City or County	State/Province	Country
14D. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)		
14D. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)		
City or County		Country
	State/1 Townse	Country
14D. (3) REASON FOR TERMINATION O Death O Divorce O Annulment O Other (Explain):		
O Death       O Divorce       Annulment       O Other (Explain):         14D. (4) DATE AND PLACE MARRIAGE TERMINATED       (MM-DD-YYYY)		
	-	
City or County	State/Province	Country

<b>VETERAN'S SOCIAL</b>	SECURITY NO.

15. CURRENT SPOUSE'S PREVIOUS (If no prior marriages, this section			
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			
O Death O Divorce O Annulment O 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			
O Death O Divorce O Annulment O 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			
O     Death     O     Divorce     O     Annulment     O     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			
O Death       O Divorce       Annulment       O Other (Explain):         15D. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)			
15D. (4) DATE AND FLACE MARRIAGE TERMINATED (MM-DD-1111)		-	
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 appli	cation)

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16A. NAME OF FIRST CHILI	D TO ADD (First, Middle Initia	l, Last)		
		1		
16B. SOCIAL SECURITY NU	JMBER	16C. DATE OF BIRTH (MM-DD-YYYY)		
_	-			
16D. PLACE OF BIRTH (Prov	ide City and State, County and Stat	te, or City and Countr <b>y</b> )		
City or County			State/Province	Country
16E. IF THE CHILD DOES N	IOT LIVE WITH THE CLAIMAN	F PROVIDE NAME OF PERSON THE CHILD RESIDES W	ITH	
		, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE (		
No. &				
Street				
Apt./Unit Number	City			
State/Province	Country	ZIP Code/Postal Code		
	Country	ZIP Code/Postal Code		
16G. CHILD STATUS (Check	all that apply)			
O BIOLOGICAL O 1	8-23 YEARS OLD AND IN SCH	OOL (If checked, fill out VA Form 21-674) O ADOPTED		BLE OF SELF-SUPPORT
	ARRIED (If checked, provide the d	date marriage ended and how the marriage ended in Item 16H)		checked, complete Item 161)
16H. HOW AND WHEN MAR	RIAGE ENDED			
DATE (MM-DD-YYYY)			Explain)	
	-	ANNULLED		
16I. IF YOU CHECKED "STE	EPCHILD" IN ITEM 16G, IS STE	PCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?		
$\bigcirc$ YES (If "Yes," provide the	e date the child entered veteran's ho	usehold) DATE (MM-DD-YYYY)	_	
O NO				
17A. NAME OF SECOND CH	HILD TO ADD (First, Middle Int	itial, Last)		
17B. SOCIAL SECURITY NU	IMBER	17C. DATE OF BIRTH (MM-DD-YYYY)		
_	_			
17D. PLACE OF BIRTH (Prov	ide City and State, County and Stat	e, or City and Countr <b>y)</b>		
City or County			State/Province	Country
17E. IF THE CHILD DOES N	OT LIVE WITH THE CLAIMANT	PROVIDE NAME OF PERSON THE CHILD RESIDES WI	ТН	
17F. IF THE CHILD DOES N	OT LIVE WITH THE CLAIMAN	, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE (	CHILD RESIDES	
No. &				
Street	City			
Apt./Unit Number	Olly			
State/Province	Country	ZIP Code/Postal Code	_	
17G. CHILD STATUS (Check				
	18-23 YEARS OLD AND IN SCH	HOOL (If checked, fill out VA Form 21-674) C ADOPTED		BLE OF SELF-SUPPORT
		date marriage ended and how the marriage ended in Item 17H)		checked, complete Item 17I)
17H. HOW AND WHEN MAI	RRIAGE ENDED			
DATE (MM-DD-YYYY)		O DIVORCE O OTHER	(Explain)	
—	-	ANNULLED		
17I. IF YOU CHECKED "STE	EPCHILD" IN ITEM 17G, IS STE	PCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?		
O YES (If "Yes," provide th	e date the child entered veteran's h	ousehold) DATE (MM-DD-YYYY)	_	
O NO				

	SECTION III	INFORMATION NEEDED TO ADD CHILD	REN) (Continued)	
(lf c		four children, fill out addendum (Page 15)		n)
18A. NAME OF THIRD CHIL	D TO ADD (First, Middle	e Initial, Last)		
18B. SOCIAL SECURITY N	UMBER	18C. DATE OF BIRTH (MM-DD-YYYY)		
_	_			
8D. PLACE OF BIRTH (Pro	vide City and State, County a	nd State, or City and Country)		
City or County			State/Province	Country
18E. IF THE CHILD DOES N	NOT LIVE WITH THE CLA	IMANT PROVIDE NAME OF PERSON THE CHILD RESID	DES WITH	
		IMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WI		
No. & Street	IN LIVE WITH THE CLAI	INIANI, FROVIDE COMFLETE FITTSICAL ADDRESS WI		
Apt./Unit Number		City		
State/Province	Country	ZIP Code/Postal Code	_	
18G. CHILD STATUS (Checi				
,	11 57	N SCHOOL (If checked, fill out VA Form 21-674) O ADO		OF SELF-SUPPORT
-		de the date marriage ended and how the marriage ended in Item	_	
8H. HOW AND WHEN MAP				eu, complete tiem 101)
ATE (MM-DD-YYYY)			HER (Explain)	
<b>_</b> ·	_	ANNULLED		
18I. IF YOU CHECKED "ST	EPCHILD" IN ITEM 18G. I	S STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPO	USE?	
~		an's household) DATE (MM-DD-YYYY)		
O NO			-	
19A. NAME OF FOURTH CH	HILD TO ADD (First, Mide	dle Initial, Last)		
19B. SOCIAL SECURITY NU	JMBER	19C. DATE OF BIRTH (MM-DD-YYYY)		
_	_			
	i da Cita en di Starta Constante	and Strate and Countral		
City or County	viae City and State, County at	nd State, or City and Countr <b>y)</b>	State/Province	Country
				country
9E. IF THE CHILD DOES N	JOT LIVE WITH THE CLAI	MANT PROVIDE NAME OF PERSON THE CHILD RESID	DES WITH	
No. & Street	NOT LIVE WITH THE CLA	IMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WI	HERE CHILD RESIDES	
Apt./Unit Number		City		
State/Province	Country	ZIP Code/Postal Code	-	
19G. CHILD STATUS (Check	k all that apply)			
O BIOLOGICAL	18-23 YEARS OLD AND I	N SCHOOL (If checked, fill out VA Form 21-674) C ADC	PTED CHILD INCAPABLE	OF SELF-SUPPORT
	MARRIED (If checked, provi	ide the date marriage ended and how the marriage ended in Item	19H) O STEPCHILD (If check	ked, complete Item 191)
19H. HOW AND WHEN MA	RRIAGE ENDED			
DATE (MM-DD-YYYY)		- -	THER (Explain)	
—	-	ANNULLED		
19I. IF YOU CHECKED "ST	EPCHILD" IN ITEM 19G, I	S STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPO	USE?	
• YES (If "Yes," provide the	he date the child entered vete	ran's household) DATE (MM-DD-YYYY)	_	
∩ NO				

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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, I					
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 AD	OPTED 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	47				
O YES (If "YES," complete Items 21C through 21L)					
$\bigcirc$ 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 PERSC					
21E. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE A COMPLETE ADDRES	SS				
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 O More than ha	alf C Half C Less than half				
21H. NAME OF STEPCHILD YOU ARE SUPPORTING					
21I. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE THE NAME OF PERSO	N WITH WHOM STEPCHILD RESIDES				
21J. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE A COMPLETE ADDRES No. &	js				
Street					
Apt./Unit Number City					
State/Province Country ZIP Code/Postal Cod	de <b>—</b>				
21K. DATE STEPCHILD LEFT VETERAN'S HOUSEHOLD (MM-DD-YYYY)					
21L. FINANCIAL SUPPORT PROVIDED O More than half	O Half O Less than half				

VETERAN'S SOCIAL SECURITY NO.

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SECTION VI: VETERAN/CLAIMANT REPORTING DEATH OF A DEPENDENT				
22A. (1) DEPENDENT TYPE (Check all that apply)				
O SPOUSE O MINOR CHILD (UNDER 18 YEARS OLD O STEPCHILD O ADOPTED O DEPENDENT PARENT				
C CHILD INCAPABLE OF SELF-SUPPORT C 18-23 YEARS OLD AND IN SCHOOL				
22B. NAME OF DEPENDENT(First, Middle Initial, Last)				
22C. DATE OF DEATH ( <i>MM/DD/YYYY</i> ) — — —				
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				
C CHILD INCAPABLE OF SELF-SUPPORT C 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 CHILD				
23A. 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 (MM-DD-YYYY)				

25. REMARKS (If any)

SECTION X: BENEFICIARY/CLAIMANT'S CERTIFICATION AND SIGNATURE (Note: Completion of this section is <u>REQUIRED</u> to process your request)				
<b>IMPORTANT</b> : 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	I correct to the best of my knowledge a	and belief.		
26A. SIGNATURE OF BENEFICIARY/CLAIMANT OR ALTERNATE SIGNER* (REQUIRED)	(FOR USE BY VA ONLY)	26B. DATE ( <i>MM/DD/YYYY</i> )		
<ul> <li>*ALTERNATE SIGNER: By signing on behalf of the beneficiary/claimant, I certify that the claimant is:</li> <li>under the age of 18,</li> <li>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</li> <li>physically unable to sign the form</li> </ul>				
<ul> <li>*ALTERNATE SIGNER: By signing on behalf of the beneficiary/claimant, I certify that I am:</li> <li>a court-appointed representative,</li> <li>an attorney in fact or agent authorized to act on behalf of the claimant under a durable power of attorney,</li> <li>a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative, or</li> <li>a manager or principal officer acting on behalf of an institution which is responsible for the care of the claimant.</li> </ul>				
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.				
<b>PRIVACY ACT INFORMATION:</b> 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 adyour 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 <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

VETERAN'S	SOCIAL	SECURITY	NO
	OOOIAL	OLCONT	NO.

## SECTION XI: ADDITIONAL CHILD(REN) (Addendum)

(Please submit this page with the completed	I application if you have additional children Iditional copies of this page to submit with	to add to your claim. If more space is	
	1A. NAME OF ADDITIONAL CHILD TO ADD (First, Middle Initial, Last)		
1B. SOCIAL SECURITY NUMBER	1C. DATE OF BIRTH (MM-DD-YYYY)		
	TC. DATE OF BIRTH (MM-DD-YYYY)		
1D. PLACE OF BIRTH (Provide City and State, County and State,	or City and Country)		
City or County		tate/Province Country	
1E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT F	ROVIDE NAME OF PERSON THE CHILD RESIDES WITH	1	
1F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, I No. &	PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CH	IILD RESIDES	
Street			
Apt./Unit Number City			
State/Province Country	ZIP Code/Postal Code	-	
1G. CHILD STATUS (Check all that apply)			
O BIOLOGICAL O 18-23 YEARS OLD AND IN SCH	OOL (If checked, fill out VA Form 21-674) O ADOPTED	CHILD INCAPABLE OF SELF-SUPPORT	
CHILD PREVIOUSLY MARRIED (If checked, provide the d	ate marriage ended and how the marriage ended in Item 1H)	STEPCHILD (If checked, complete Item 11)	
1H. HOW AND WHEN MARRIAGE ENDED			
DATE (MM-DD-YYYY)		Explain)	
	○ ANNULLED		
1I. IF YOU CHECKED "STEPCHILD" IN ITEM 1G, IS STEPCH	HILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?		
YES (If "Yes," provide the date the child entered veteran's ho	usehold) DATE (MM-DD-YYYY)		
NO     NO			
2A. NAME OF ADDITIONAL CHILD TO ADD (First, Middle)	Initial Last)		
	innuu, Dusty		
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 F	ROVIDE NAME OF PERSON THE CHILD RESIDES WITH	1	
2F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, F No. &	PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CH	ILD RESIDES	
Street			
Apt./Unit Number City			
State/Province Country	ZIP Code/Postal Code	-	
2G. CHILD STATUS (Check all that apply)			
O BIOLOGICAL O 18-23 YEARS OLD AND IN SCH	OOL (If checked, fill out VA Form 21-674) O ADOPTED	C CHILD INCAPABLE OF SELF-SUPPORT	
C CHILD PREVIOUSLY MARRIED (If checked, provide the d	ate marriage ended and how the marriage ended in Item 2H)	STEPCHILD (If checked, complete Item 21)	
2H. HOW AND WHEN MARRIAGE ENDED			
DATE (MM-DD-YYYY)		Explain)	
	ANNULLED		
2I. IF YOU CHECKED "STEPCHILD" IN ITEM 2G, IS STEPC			
• YES (If "Yes," provide the date the child entered veteran's ho	usehold)		