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

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 "alternat signer", the veteran <i>must</i> 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 <u>www.ebenefits.gov</u> .	e
SECTION I: VETERAN/CLAIMANT'S IDENTIFICATION (Note: Completion of this section is REQUIRED to process your request;	
NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink	
1. VETERAN'S NAME (First, Middle Initial, Last)	
2. 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 application of the service	ble) 8. TELEPHONE NUMBER (Include Area Code)
9. E-MAIL ADDRESS (Optional)	
10. COMPLETE MAILING ADDRESS OF VETERAN/CLAIMANT (<i>Number and Street or Rural Route, P. O.</i> No. &	Box, City, State, ZIP Code and Country)
Apt./Unit Number	
State/Province Country ZIP Code/Postal Code	
SECTION II: INFORMATION NEEDED TO AD	D SPOUSE
11A. SPOUSE'S NAME (First, Middle Initial, Last)	
11B. SPOUSE'S DATE OF BIRTH 11C. SPOUSE'S SOCIAL SECURITY NUMBER (S	SN) (<i>if</i> 11D, DATE OF MARRIAGE
Month Day Year <i>IX, Item 25, Remarks</i>	n Y
	Month Day Year
11E. PLACE OF MARRIAGE (<i>City and State, County and</i> 11F. HOW WERE YOU MARRIED? (<i>Check one</i>)	
State, or City and Country) RELIGIOUS CEREMONY (i.e. Minister, Priest,	Rabbi, etc.) or CIVIL CEREMONY (i.e. Justice of the Peace)
	DXY
OTHER (Explain)	
12A. IS YOUR SPOUSE ALSO A VETERAN? 12B. SPOUSE'S VA FILE NUMBER (If applicable)	12C. SPOUSE'S SERVICE NUMBER (If applicable)
YES (If "YES," complete Items 12B and 12C) NO	
NOTE: If you are a veteran that VA is paying additional benefits for a stepchild and you no longer live with the s	
YES NO (If "NO," complete Items 13B and 13C)	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 C No. &	Code and Country)
Street	
Apt./Unit Number	
State/Province Country ZIP Code/Postal Code	
VA FORM 21-686C SUPERSEDES VA FORM 21-686C, JUN 2017	Page 7

NOTE: You <i>must</i> prov	/ide complete informatic	on about your prior marria	ages and your curren	t spouse's prior marria	ages.							
	VETE	ERAN/CLAIMANT'S PREVIOU (If no prior marriages, this se		ION								
14A. DATE / OF MAF	AND PLACE RRIAGE	14B. TO WHOM MARRIED	14C. REASON FOR TERMINATION	14D. DATE AND PI TERMIN								
MM/DD/YYYY	CITY & STATE, COUNTY & STATE, or CITY & COUNTRY	(First, Middle Initial, Last Name)	(Death, Divorce, Annulment)	MM/DD/YYYY	CITY & STATE COUNTY & STATE, or CITY & COUNTRY							
	CUF	RRENT SPOUSE'S PREVIOU (If no prior marriages, this se		ION								
	AND PLACE RRIAGE	15B. TO WHOM MARRIED	15C. REASON FOR TERMINATION	15D. DATE AND PLACE MARRIAGE								
MM/DD/YYYY	CITY & STATE COUNTY & STATE, or CITY & COUNTRY	(First, Middle Initial, Last Name)	(Death, Divorce, Annulment)	MM/DD/YYYY	CITY & STATE COUNTY & STATE, or CITY & COUNTRY							
<u> </u>												
(If		ON III: INFORMATION NE our children, fill out adde		. ,	n)							
16A. NAME OF FIRST CH	IILD TO ADD (First, Middle In	nitial, Last)										
16B. SOCIAL SECURITY	NUMBER	16C. DATE OF BIRTH		16D. PLACE OF BIRTH (Pro and State, or City and Co								
		Month Day	Year	and sidle, or City and Co.	<i>anu y)</i>							
		$\neg \Box \neg \neg \Box \neg \Box \neg □ □ □ □$										
16E. IF THE CHILD DOES	S NOT LIVE WITH THE CLAIN	MANT, PROVIDE NAME OF PERS	SON THE CHILD RESIDES	WITH								
16F. IF THE CHILD DOES	NOT LIVE WITH THE CLAIM	IANT, PROVIDE COMPLETE PH	SICAL ADDRESS WHERE	CHILD RESIDES								
16G. CHILD STATUS (Che	eck all that apply)											
BIOLOGICAL	-	SCHOOL (If checked, fill out VA Fo	orm 21-674) 🔲 ADOPTED		OF SELF-SUPPORT							
	YMARRIED (If checked, provide	e the date marriage ended and how th	e marriage ended in Item 16H)	STEPCHILD (If check	ed, complete Item 16I)							
16H. HOW AND WHEN M	ARRIAGE ENDED											
DATE:	(MM/DD/YYYY)											
		STEPCHILD THE BIOLOGICAL										
YES (If "Yes," provide	the date the child entered veterar	ı's household):	(MM/DD/YYYY)									
NO NO												

VETERAN'S SOCIAL SECURITY 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 (<i>First, Middle Initial, Last</i>)													
17B. SOCIAL SECURITY NUMBER 17C. DATE OF BIRTH 17D. PLACE OF BIRTH (Provide City and State, County)													
Month Day Year 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)													
DATE:													
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/YYY)													
TES (If Tes, 'provide the date the child entered veteral s nousehold):(MM/DD/1111) NO													
18A. NAME OF THIRD CHILD TO ADD <i>(First, Middle Initial, Last)</i>													
18B. SOCIAL SECURITY NUMBER 18C. DATE OF BIRTH 18D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country)													
Month Day Year													
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)													
18H. HOW AND WHEN MARRIAGE ENDED													
DATE:(MM/DD/YYY)ANNULLED DECLARED VOIDOTHER (Explain) 181. 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/YYY)													
19A. NAME OF FOURTH CHILD TO ADD (<i>First, Middle Initial, Last</i>)													
19B. SOCIAL SECURITY NUMBER 19C. DATE OF BIRTH 19D. PLACE OF BIRTH (Provide City and State, County)													
19B. SOCIAL SECURITY NUMBER 19C. DATE OF BIRTH 19D. PLACE OF BIRTH (Provide City and State, County and State, county) Month Day Year													
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)													
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													

VETERAN'S SOCIAL SECUR	RITY NO	Э.					- []-	•																				
	:	SEC	TIO			TER														SP	OU	SE									
NOTE: If marriage ended as	<u>an an</u>	nulm	ont o			u hay													V)												
20A. NAME OF FORMER SP							i, us	se o	ecu		Λ, ILE	111 23	<u>э</u> , к	enna	IKS	lo ex	Jiain	•													
		T	Τ	Т			٦		ן ך				Τ													Γ					
20B. PLACE OF DIVORCE (P	rovide c	ity an	d state	?, cou	nty an	d state,	, or c	city a	nd co	ountr	y)	L									ATE	OF	_	_							
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						ETE					_		_			_	_					-									
21A. DID YOU HAVE A STEP		,					LOG	JUCA	LUF	K AL	OPTE		HILD	(REI	N) (I		FUF		:R 51	POI	JSE	LIS	IEL	או כ	1116		UA?				
YES (If "YES," list the name		ie step)child(1	ren)	here):																										
21B. ARE YOU STILL SUPPOR		YOU	R STF	-PCI		REN) I	IST	FDI	N IT	FM	2142																				
YES (If "YES," complete Ite					1120(1	(2073																				
NO (If "NO," skip to Section	on VI)																														
21C. NAME OF	21D). IF (STEF	гСН	ILD D	DOES	NC	DTL	IVE	Τ		21		et.		CHILD	<u> </u>				DA	тг	<u>ст</u>	-			2	1G. F			
STEPCHILD YOU ARE SUPPORTING	WIT					THE WH			OF			ES	NOT	LIV	ΈV	/ITH	YOU	·			EFT	VE	EΤΕ	RA	N'S		2		PPC		1
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22A. DEPENDENT TYPE (Ch	eck all t MINOR				J 10 V			ъГ	_ د	TEI		P		۸ ۲)OP	TED	_		אבסנ			- רח	DE	ΝТ							
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22B. NAME (First, M)					220	C. DA (MM				IH			(Ci	ty &								ATH City	& Ca	ountr	v)	
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				TIO	N VII	: VET	ER	AN/	CLA	AIM.	ANT	REF	POR	TINC	G M	ARRI	AGE	0	FC	HIL	D										
23A. NAME OF CHILD (First, M	Middle Ir	nitial,	Last)				- ·		. –																				_		-
23B. DATE OF MARRIAGE																															
Month Day		Ye	ar		1																										

VETERAN'S SOCIAL SECURITY NO.
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 <u>REQUIRED</u> 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* (Please sign in ink) (FOR USE BY VA ONLY) 26B. DATE (MM/DD/YYYY)
*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.

VETERAN'S SOCIAL SECURITY NO.	-											
(Discos submit this name with the				N) (Addendum)		im If more encodie						
(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 (First, Middle	e Initial, Last)											
1B. SOCIAL SECURITY NUMBER		DATE OF BIRTH onth D	l av	Year	D. PLACE OF BIRTH (and State, or City and	Provide City and State, County Country)						
1E. IF THE CHILD DOES NOT LIVE WITH TH	HE CLAIMANT PROVI	IDE NAME OF P	ERSON THE CHI	LD RESIDES WITH								
1F. IF CHILD DOES NOT LIVE WITH THE CL	_AIMANT, PROVIDE (COMPLETE PHY	SICAL ADDRES	6 WHERE CHILD RE	SIDES							
1G. CHILD STATUS (Check all that apply)												
	D AND IN SCHOOL (2		,	ADOPTED		ABLE OF SELF-SUPPORT						
CHILD PREVIOUSLY MARRIED (If check 1H. HOW AND WHEN MARRIAGE ENDED	ked, provide the date man	rriage ended and h	how the marriage en	nded in Item 1H)		If checked, complete Item 11)						
DATE:(MM/DD/YYY 11. IF YOU CHECKED "STEPCHILD" IN ITEM					ain)							
YES (If "Yes," provide the date the child en	-,											
		·										
2A. NAME OF CHILD TO ADD (First, Middle	e Initial, Last)											
2B. SOCIAL SECURITY NUMBER		DATE OF BIRTH	l av		D. PLACE OF BIRTH (and State, or City and	Provide City and State, County Country)						
				Year								
2E. IF THE CHILD DOES NOT LIVE WITH TH	IE CLAIMANT PROVI	DE NAME OF PI	ERSON THE CHI	LD RESIDES WITH								
2F. IF CHILD DOES NOT LIVE WITH THE CL	AIMANT, PROVIDE C	COMPLETE PHY	SICAL ADDRESS	WHERE CHILD RE	SIDES							
2G. CHILD STATUS (Check all that apply)												
BIOLOGICAL 18-23 YEARS O	LD AND IN SCHOOL (If checked, fill out	VA Form 21-674)	ADOPTED	CHILD INCA	PABLE OF SELF-SUPPORT						
CHILD PREVIOUSLY MARRIED (If check	ked, provide the date ma	rriage ended and l	how the marriage e	nded in Item 2H)	STEPCHILD	(If checked, complete Item 2I)						
2H. HOW AND WHEN MARRIAGE ENDED												
			DECLARED VOID		lain)							
2I. IF YOU CHECKED "STEPCHILD" IN ITEM YES (If "Yes," provide the date the child en	-,											
NO	ierea veieran s nousenoi	<i>a</i> .										
3A. NAME OF CHILD TO ADD (First, Middle	e Initial, Last)											
3B. SOCIAL SECURITY NUMBER	3C.	DATE OF BIRTH	1	3		(Provide City and State, County						
		onth D		Year	and State, or City and	(Country)						
3E. IF THE CHILD DOES NOT LIVE WITH TH			ERSON THE CHI									
3F. IF CHILD DOES NOT LIVE WITH THE CL	_AIMANT, PROVIDE (SICAL ADDRES	S WHERE CHILD RE								
3G. CHILD STATUS (Check all that apply)												
	LD AND IN SCHOOL (,	ADOPTED		PABLE OF SELF-SUPPORT						
	ked, provide the date ma	rriage ended and	how the marriage e	nded in Item 3H)		(If checked, complete Item 3I)						
3H. HOW AND WHEN MARRIAGE												
DATE:(<i>MM/DD/YYY</i>					ain)							
31. IF YOU CHECKED "STEPCHILD" IN ITEM	13G. 15 STEPCHILD											
3I. IF YOU CHECKED "STEPCHILD" IN ITEN YES (If "Yes," provide the date the child en												

VA FORM 21-686c, SEP 2018