

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 (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) STEPCCHILD (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 STEPCCHILD 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) STEPCCHILD (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 STEPCCHILD 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) STEPCCHILD (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 STEPCCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?

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

____ - ____ - _____

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 (First, Middle Initial, Last)

____ - ____ - _____

1B. SOCIAL SECURITY NUMBER

____ - ____ - _____

1C. DATE OF BIRTH

Month Day Year

____ - ____ - _____

1D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country)

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 (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 1H) STEPCCHILD (If checked, complete Item 1I)

1H. HOW AND WHEN MARRIAGE ENDED

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

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

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

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

____ - ____ - _____

2B. SOCIAL SECURITY NUMBER

____ - ____ - _____

2C. DATE OF BIRTH

Month Day Year

____ - ____ - _____

2D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country)

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 (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 2H) STEPCCHILD (If checked, complete Item 2I)

2H. HOW AND WHEN MARRIAGE ENDED

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

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

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

3A. NAME OF CHILD TO ADD (First, Middle Initial, Last)

____ - ____ - _____

3B. SOCIAL SECURITY NUMBER

____ - ____ - _____

3C. DATE OF BIRTH

Month Day Year

____ - ____ - _____

3D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country)

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 (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 3H) STEPCCHILD (If checked, complete Item 3I)

3H. HOW AND WHEN MARRIAGE

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

3I. IF YOU CHECKED "STEPCCHILD" IN ITEM 3G, IS STEPCCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?

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