



## DECLARATION OF STATUS OF DEPENDENTS

**PRIVACY ACT INFORMATION:** The responses you submit are considered confidential (38 U.S.C. 5701) and may be disclosed outside VA, only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits provided under law. Information submitted is subject to verification through computer matching programs with other agencies.

Income information and employment information furnished by you will be compared with information obtained by VA from the Secretary of Health and Human Services or the Secretary of the Treasury under clause (viii) of section 6103(1)(7)(D) of the Internal Revenue Code of 1986. Any information provided by you, including your Social Security Number, may be used in matching programs conducted in connection with any proceeding for the collection of an amount owed the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

**INSTRUCTION:** This form must be completed and returned to VA. Where entry of a date is required, furnish month, day, and year. Where entry of a place is required, furnish city and state.

1A. FIRST - MIDDLE - LAST NAME OF VETERAN	2A. NAME OF CLAIMANT <i>(If other than veteran)</i>	3. FILE NUMBER  C-
1B. VETERAN'S SOCIAL SECURITY NUMBER	2B. CLAIMANT'S SOCIAL SECURITY NUMBER	

4. ADDRESS OF CLAIMANT *(No. and street or rural route, city or P.O., State and ZIP Code)*

<p>5A. MARITAL STATUS <i>(Check one)</i></p> <p><input type="checkbox"/> MARRIED                      <input type="checkbox"/> DIVORCED                      <input type="checkbox"/> NEVER MARRIED <i>(If checked, do not complete Items 6 thru 12)</i></p> <p><input type="checkbox"/> WIDOWED                      <input type="checkbox"/> SEPARATED</p>	<p>5B. IF MARRIED, SPOUSE'S DATE OF BIRTH</p>
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**NOTE:** Furnish the following information about each of your marriages including your current marriage. Where a date is required, furnish month, day, and year. Begin with your current marriage. Where entry of a place is required, furnish city and state.

6A. DATE AND PLACE OF MARRIAGE	6B. TO WHOM MARRIED <i>(First, middle, last name)</i>	6C. SOCIAL SECURITY NUMBER	6D. HOW MARRIAGE TERMINATED <i>(Death, Divorce)</i>	6E. DATE AND PLACE TERMINATED

**NOTE:** Furnish the following information about each previous marriage of your present spouse.

7A. DATE AND PLACE OF MARRIAGE	7B. TO WHOM MARRIED <i>(First, middle, last name)</i>	7C. HOW MARRIAGE TERMINATED <i>(Death, Divorce)</i>	7D. DATE AND PLACE TERMINATED