OMB Approved No. 2900-0043
Respondent Burden: 15 minutes

Department of Veterans Affairs

DECLARATION OF STATUS OF DEPENDENTS

Privacy Act Information: The 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, 58 VA21/22 Compensation, Pension, Education, and Rehabilitation Records - VA, and 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 15 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 unless a valid OMB 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.whitehouse.gov/library/omb/OMBINVC.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

INSTRUCTIONS: Print all answers clearly. Make sure you sign and date this form (Items 18 and 19). Note: Unless the claimant is the veteran's surviving spouse, the veteran must sign in Item 18. When you have completed this form, mail it or take it to a VA regional office.

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

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

5A. MARITAL STATUS *(Check one)*

☐ MARRIED ☐ DIVORCED ☐ NEVER MARRIED *(If checked, do not complete (Skip to Item 12)*

☐ WIDOWED ☐ SEPARATED

5B. IF MARRIED, SPOUSE'S DATE OF BIRTH

_____
month day year

NOTE: You must furnish complete information about all your and your current spouse's previous marriages. If you or your spouse have been married more than three times, list additional marriages in Item 17, "Remarks, " or attach a separate sheet.

SECTION I - VETERAN'S MARRIAGES

6. HOW MANY TIMES HAVE YOU BEEN MARRIED?

7A. DATE AND PLACE OF MARRIAGE *(City,/State or Country)*	7B. TO WHOM MARRIED *(First, middle, last name)*	7C. SOCIAL SECURITY NUMBER	7D. HOW MARRIAGE TERMINATED *(Death, Divorce)*	7E. DATE AND PLACE TERMINATED *(City/State or Country)*
_____ *month day year* *Place:*				
_____ *month day year* *Place:*				_____ *month day year* *Place:*
_____ *month day year* *Place:*				_____ *month day year* *Place:*

SECTION II - SPOUSE'S PREVIOUS MARRIAGES

8. HOW MANY TIMES HAS THE VETERAN'S CURRENT SPOUSE OR SURVIVING SPOUSE BEEN MARRIED?

9A. DATE AND PLACE OF MARRIAGE	9B. TO WHOM MARRIED *(First, middle, last name)*	9C. HOW MARRIAGE TERMINATED *(Death, Divorce)*	9D. DATE AND PLACE TERMINATED
_____ *month day year* *Place:*			_____ *month day year* *Place:*
_____ *month day year* *Place:*			_____ *month day year* *Place:*
_____ *month day year* *Place:*			_____ *month day year* *Place:*

(Continued on Reverse)

10A. IS YOUR SPOUSE ALSO A VETERAN?	10B. WHAT IS YOUR SPOUSE'S VA FILE NUMBER *(If any)*?
☐ YES ☐ NO *(If "Yes," answer Item 10B also. If "No," skip to Item 11.)*	
11. DO YOU LIVE WITH YOUR SPOUSE?	12. WHAT IS YOUR SPOUSE'S ADDRESS?
☐ YES ☐ NO *(If "Yes," skip to Item 14A. If "No, answer Items 12 and 13 also.)*	

13. HOW MUCH DO YOU CONTRIBUTE MONTHLY TO YOUR SPOUSE'S SUPPORT?

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SECTION III - VETERAN'S UNMARRIED CHILDREN

NOTE: If any child is claimed as "seriously disabled" (Item 14H), it must be shown that the child became permanently unable to support themselves before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.

Note: In Items 14A through 14I, check all boxes that apply.

14A. NAME OF CHILD *(first, middle initial, last)*	14B. DATE AND PLACE OF BIRTH (*city, state or country)*	14C. SOCIAL SECURITY NUMBER	14D. BIO - LOGICAL	14E. ADOPT - ED	14F. STEP - CHILD	14G. 18-23 YRS. OLD AND IN SCHOOL	14H. SERIOUSLY DISABLED	14I. CHILD PREVIOUSLY MARRIED
	mo day yr *PLACE:*		☐	☐	☐	☐	☐	☐
	mo day yr *PLACE:*		☐	☐	☐	☐	☐	☐
	mo day yr *PLACE:*		☐	☐	☐	☐	☐	☐

Note: If any of the children listed above don't live with you, complete Items 16A through 16C.

16A. NAME OF CHILD *(first, middle initial, last)*	16B. CHILD'S COMPLETE ADDRESS	16C. NAME OF PERSON THE CHILD LIVES WITH *(If applicable)*

17. REMARKS

I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.

18. SIGNATURE OF CLAIMANT	19. DATE	20. TELEPHONE NUMBER (S) *(Include Area Code)*	
		A. DAYTIME	B. NIGHTTIME

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.