



Mason County Department of Veterans Affairs

Registration Form

Veteran's General Information

Veteran's First Name – Middle Initial – Last Name:						Today's date	
Social Security Number:				City & State of Birth:			
Single	Married	Separated	Divorced	Widowed	Civil Union	Date of Birth	Male Female
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Street Address:			City:		State:		Zip Code:
Home Phone:		Cell Phone:		E-Mail Address:			

Service Information

Branch of Military:	Entry Date:	Discharge Date:
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Spouse, Civil Partner, Next of Kin, Caregiver or Emergency Contact

Name:	Relationship:				Other:		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Civil Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent						
Social Security Number:	Date of Birth:	Date of Marriage:	Place of Marriage:				
Street Address:			City:		State:		Zip Code:
Home Phone:		Cell Phone:		E-Mail Address:			

Veteran's Affairs Center Questions & Services Requested

How did you hear about our office? _____

Are you receiving VA Health Care Benefits?

Yes No

Are you receiving VA **Service Connected** Compensation Benefits?

Yes No

If yes, what percentage? _____

Are you receiving VA **Non-Service Connected** Compensation Benefits?

Yes No

If yes, what amount? _____

Mark All That Apply:

- | | |
|--|---|
| <input type="checkbox"/> VA Claim Services | <input type="checkbox"/> Housing Assistance Referral |
| <input type="checkbox"/> General Information | <input type="checkbox"/> Apply for VA Healthcare Benefits |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Request/Order Service Documents |
| <input type="checkbox"/> Burial/Death Benefits | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transportation Services | |