

# NOTICE TO BENEFICIARY/CLAIMANT REGARDING THE INFORMATION AND EVIDENCE NEEDED TO SUPPORT A CLAIM FOR ADDITIONAL BENEFITS FOR A DEPENDENT OR TO REMOVE A DEPENDENT FROM AN AWARD

Use this form and the attached application to:

- submit a claim for additional benefits for a dependent, or
- request removal of a dependent from your award.

The table below identifies the types of dependents for whom VA beneficiaries may be entitled to additional benefits.

If you are a	Then you may be entitled to additional benefits for
veteran entitled to disability compensation who has a combined disability rating of at least 30 percent	<ul> <li>a spouse,</li> <li>children under age 18,</li> <li>children that are between the ages of 18 and 23 who are attending school,</li> <li>children over age 18 that are permanently incapable of self-support, and/or</li> <li>dependent parents.</li> </ul>
veteran entitled to Veterans Pension	<ul> <li>a spouse,</li> <li>children under age 18,</li> <li>children that are between the ages of 18 and 23 who are attending school, and/or</li> <li>children over age 18 that are permanently incapable of self-support</li> </ul>
surviving spouse entitled to survivors benefits	<ul> <li>children under age 18,</li> <li>children that are between the ages of 18 and 23 who are attending school, and/or</li> <li>children over age 18 that are permanently incapable of self-support.</li> <li>Exception: A surviving spouse entitled to Dependency and Indemnity Compensation (DIC) is not entitled to additional benefits for children over age 18 that receive DIC in their own right.</li> </ul>

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The table below provides a guide to the instructions and the application. The completion of certain sections of this application are required. Be aware that you <u>must</u> complete Section I - Veteran/Claimant's Identification Information and Section X - Beneficiary/Claimant's Certification and Signature. If these sections are not complete, we will <u>not</u> be able to process your claim for additional benefits for dependents. Otherwise, complete the remaining sections that apply to you.

If you are	Instructions	Application
claiming additional benefits for a spouse	Pages 3 and 4	Pages 8 and 9
claiming additional benefits for a child	Pages 4 - 5	Pages 10 and 11
reporting a divorce	Page 5	Page 12
reporting that a stepchild is no longer a member of your household	Page 6	Page 12 and 13
reporting the death of a  • spouse  • child  • dependent parent	Page 5 Page 6 Page 6	Page 13
reporting the marriage of a child	Page 6	Page 13
reporting that a schoolchild over 18 has stopped attending school	Page 6	Page 13
claiming additional benefits for more than four children		Addendum - Page 15

# **CIRCUMSTANCES THAT REQUIRE ADDITIONAL FORMS**

Under certain circumstances, other forms in addition to VA Form 21-686c, *Application Request to Add and/or Remove Dependents*, must be provided when claiming additional benefits for a dependent. The table below describes those circumstances. All VA forms are available at <a href="https://www.va.gov/vaforms">www.va.gov/vaforms</a>.

If	Then submit
<ul> <li>you are seeking additional benefits for a child or children who are between the ages of 18 and 23 who are attending school</li> </ul>	VA Form 21-674, Request for Approval of School Attendance.  Note: Submit VA Form 21-686c in addition to VA Form 21-674 only if you have never received additional benefits for the child or children.
<ul> <li>you are entitled to Veterans Pension (instead of disability compensation based on service-connected disabilities), and</li> <li>you are seeking additional benefits for a spouse only</li> </ul>	VA Form 21P-0516-1, Improved Pension Eligibility Verification Report (Veteran With No Children), in addition to VA Form 21-686c.
<ul> <li>you are entitled to Veterans Pension</li> <li>you are seeking additional benefits for a child or children (with or without a spouse), and</li> <li>the child or children are under the age of 23 or permanently incapable of self-support</li> </ul>	VA Form 21P-0517-1, Improved Pension Eligibility Verification Report (Veteran With Children), in addition to VA Form 21-686c.
<ul> <li>you are entitled to Survivors Pension, (instead of DIC based on a veteran's service-connected death) and</li> <li>you are seeking additional benefits for a child or children that are either under the age of 23 or incapable of self-support.</li> </ul>	VA Form 21P-0519s-1, Improved Pension Eligibility Verification Report (Surviving Spouse With Children), in addition to VA Form 21-686c.
<ul> <li>you are a veteran entitled to disability compensation (based on service-connected disabilities), and</li> <li>you are seeking additional benefits for a dependent parent or parents.</li> </ul>	VA Form 21P-509, Statement of Dependency of Parent(s).  Note: There is no need to submit VA Form 21-686c when filing a claim for additional benefits for a dependent parent or parents.
<ul> <li>you are a veteran entitled to disability compensation, and</li> <li>you are seeking additional benefits for a spouse who requires aid and attendance</li> </ul>	VA Form 21-2680, Examination for Housebound Status or Permanent Need for Regular Aid and Attendance, or if your spouse resides in a nursing home, use VA Form 21-0779, Request for Nursing Home Information in Connection with Claim for Aid and Attendance.
	<i>Note</i> : Submit VA Form 21-686c <i>in addition to</i> one of the forms referenced above <i>only</i> if you have never received additional benefits for your spouse.
<ul> <li>you are a veteran seeking additional benefits for a spouse based on common-law marriage</li> </ul>	VA Form 21-4170, Statement of Marital Relationship, and VA Form 21P-4171, Supporting Statement Regarding Marriage.  Note: The above referenced forms must be submitted in addition to
	VA Form 21-686c.

# **HOW TO APPLY ELECTRONICALLY**

Want to apply electronically? You can apply online at <a href="www.va.gov">www.va.gov</a>. If you sign in or create an account at <a href="www.va.gov">www.va.gov</a>, we can prefill parts of your application and save your work in progress.

**NOTE**: You may wish to contact an accredited veteran service officer (VSO) to assist you with your application. You may locate a list of VSO's at <a href="https://www.va.gov/vso/">https://www.va.gov/vso/</a>.

# WHERE TO SEND INFORMATION AND EVIDENCE

MAIL TO	SUBMIT ONLINE
Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444	VA gov: <u>www.va.gov</u> Direct Upload via <u>access.va.gov</u>

**IMPORTANT**: Applicants <u>must</u> provide their Social Security Number (SSN), *and* the SSN of their dependent(s) unless a SSN has not been assigned. Use Section IX, Item 25, Remarks, to explain why a SSN has not been assigned.

#### TO ADD A SPOUSE TO A VETERAN'S AWARD:

# Marriage by Ceremony

VA will require additional evidence\* to establish a spouse; if

- you do not reside within a state, territory, or other possession of the United States,
- your entries on the application conflict with other information you provided, and the discrepancies cannot be resolved through contact with you or a review of other information of record
- information of record raises questions regarding the validity of the marriage, or
- there is an indication of fraud or misrepresentation.

#### \*Additional Evidence:

- Primary evidence of a marriage consists of a copy or abstract of the public record of a marriage, or a copy of the church record of a marriage, containing sufficient data to identify the
  - parties involved,
  - date (month, day, and year) and place (city and state, county and state, or city and country) of the marriage, and
  - number of prior marriages for each spouse, if not shown on the official record.
- If primary evidence of a marriage is unavailable, a marriage may still be established by submission of the following evidence in the order of preference shown below;
  - an official report from your branch of service regarding a marriage that occurred while you were in service,
  - an affidavit of the clergyman or magistrate who officiated in the marriage ceremony,
  - a certified copy of the original certificate of marriage,
  - affidavits or certified statements signed by two or more witnesses that attended the marriage ceremony, or
  - any other secondary evidence that reasonably supports the assertion that a valid marriage occurred.

*Note*: The process to establish a same sex or transgender marriage is no different than the process to establish a marriage between the opposite sex.

#### Establishing a Common-Law Marriage

In some states it is possible to contract a marriage without a ceremony and without registration of the marriage. This type of marriage is referred to as a common-law marriage.

VA may recognize a common-law marriage that was considered valid in the state in which it took place. A common law marriage generally requires an agreement between the parties to be married, cohabitation, and holding themselves out to the public as married.

Evidence that must be submitted to claim a common-law marriage:

- VA Form 21-4170 completed by the veteran
- VA Form 21-4170 completed by the veteran's spouse in the common-law marriage
- Two VA Forms 21P-4171, each completed by two different persons that can provide their personal observations about the parties to the common-law marriage and the relationship that exists/existed between them, and
- Copies of the birth certificates of any children born of the common-law marriage.

#### Tribal Ceremony

VA may recognize marriages performed in accordance with tribal custom.

To establish a tribal marriage, a claimant must provide *all* of the following items:

- Affidavits from the parties married by tribal custom that include the name of the tribe, date (month, day, and year) of marriage, place (city and state, county and state, or city and country) where the marriage ceremony occurred, and name/mailing address of the person who performed the ceremony.
- Affidavits from at least two people who were present at the time the tribal marriage ceremony took place. The affidavits must include the name of the tribe, date (month, day, and year) of marriage, place (city and state, county and state, or city and country) where the marriage ceremony occurred, and name/mailing address of the person who performed the ceremony.
- Affidavit from the person who performed the ceremony, showing the date (month, day, and year) and place (city and state, county and state, or city and country) where the marriage ceremony occurred, and that person's authority for conducting the ceremony.

#### Proxy Marriage

A proxy marriage is a wedding in which one or both of the individuals being united are not physically present, and are instead represented by other persons. If both partners are absent, a double proxy wedding occurs.

Marriage by proxy typically occurs when a couple wishes to marry, but one or both partners cannot attend for reasons such as military service, imprisonment, or travel restrictions; or when a couple lives in a jurisdiction in which they cannot legally marry.

All documents/certificates issued in connection with a claimed proxy marriage must be provided to establish a proxy marriage for VA purposes.

Note: The validity of a proxy marriage is dependent upon the law in effect at the location in which the proxy marriage was performed.

#### Spousal Aid & Attendance (A&A)

- VA may pay additional benefits to a Veteran for a spouse with severe medical need/disability (ies). To claim the additional benefits, a
- Veteran must complete a VA Form 21-2680 and submit medical evidence showing his or her spouse
- is blind or so nearly blind as to have corrected visual acuity of 5/200 or less in both eyes or concentric contraction of the visual field to 5 degrees or less; or
- is a patient in a nursing home because of mental or physical incapacity (by completing VA Form 21-0779); or
- requires the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding,
  dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting him or her from the hazards of his or her
  daily environment.

#### TO ADD A CHILD TO A BENEFICIARY/CLAIMANT'S AWARD:

#### **Unmarried Child**

A person must be unmarried in order to be considered a child for VA purposes.

VA may continue paying additional benefits for an unmarried child

- until the child reaches age
  - o 18, or
  - o 23, if the child is attending an approved school, or
- indefinitely if the child becomes permanently incapable of self-support before his/her 18th birthday.

VA will require a copy of the child's birth certificate; if

- you do not reside within a state, territory or other possession of the United States,
- your entries on the application conflict with other information you provided, and the discrepancies cannot be resolved through contact with you or a review of other information of record, or
- there is an indication of fraud or misrepresentation.

#### School-Age Child

You must complete and submit VA Form 21-674 to claim additional benefits for a child who is

- between the ages of 18 and 23, and
- attending school.

Note:

- Claimants with more than one school-age child must complete a separate VA Form 21-674 for each child.
- VA Form 21-674 is used to report
  - o school attendance,
  - o a change in the educational facility a child is attending, and/or
  - o a change in the date a school-age child plans to stop attending school.

#### Stepchild

VA will ask you to provide a copy of your stepchild's birth certificate, showing the names of both parents, before it will add the stepchild; if

- you do not reside within a state, territory, or other possession of the United States,
- your entries on the application conflict with other information you provided, and the discrepancies cannot be resolved through contact with you or a review of other information of record.

- information of record raises questions regarding the validity of the marriage of the stepchild's biological or adoptive parent to the veteran, or
- there is an indication of fraud or misrepresentation.

Provide a copy of the decree of adoption or adoptive placement agreement if the veteran's spouse is the adoptive parent of the stepchild.

#### Note:

- VA may pay benefits to or for a stepchild only if the stepchild is (or was at the time of the veteran's death, if the veteran is deceased) a member of the veteran's household.
- If the veteran and stepchild do not reside together (or were not residing together when the veteran died, if the veteran is deceased), the stepchild remains a member of the veteran's household *if* 
  - they live (or lived, if the veteran is deceased) apart for medical reasons, to attend school, or to fulfill a military service obligation, *or*
  - the veteran provides (or provided, if the veteran is deceased) at least half of the stepchild's support.

#### **Adopted Child**

A claim for additional benefits for an adopted child must include a copy of the

- final decree of adoption,
- adoptive placement agreement,
- interlocutory decree of adoptions, or
- revised birth certificate.

*Note*: VA *cannot* pay additional benefits for a grandchild or foster child unless the claimant submits evidence (referenced above) showing the veteran adopted the grand/foster child.

# Child Incapable of Self-Support

VA may pay additional benefits for a child beyond his/her 23rd birthday if VA determines the child became permanently incapable of self-support before his/her 18th birthday.

A claim for additional benefits for a child who is incapable of self-support must include

- medical evidence showing a permanent mental or physical disability existed before his/her 18th birthday, and
- a statement from an attending physician showing the nature and extent of the child's physical or mental impairment.

#### REMOVAL OF A SPOUSE FROM A VETERAN'S AWARD:

#### Divorce or Death of a Spouse

VA must remove a spouse from a veteran's award when the spouse dies or divorces/annuls the marriage to the veteran.

#### Note:

- Veterans in receipt of disability compensation are *not* required to report to VA a separation or estrangement from their spouse, as it will have no effect on their award.
- Veterans remain entitled to additional benefits for a stepchild after divorcing the stepchild's biological or adoptive parent, as long as the veteran provides at least half of the stepchild's support.

#### REMOVAL OF A CHILD FROM A BENEFICIARY'S AWARD:

#### Married Child

A person must be unmarried to qualify as a child for VA purposes. Therefore, a person of any age who marries ceases to be a child for VA purposes.

**Note**: If a child marries, and then the marriage is terminated by annulment or declared void, VA may resume the payment of additional benefits for the child.

#### Child Who Is Between the Ages of 18 and 23 and Not Attending School

To be considered a school child for VA purposes a person must be between the ages of 18 and 23 and attending a VA-accredited educational facility.

# Stepchild

VA must remove a stepchild from a veteran's award when the stepchild ceases being a member of the veteran's household.

**Note**: The awarding of legal custody of a stepchild to someone other than the veteran will not affect the additional benefits to which the veteran is entitled for that child, as long as the stepchild remains a member of the veteran's household.

#### Child Given Up for Adoption

In most cases, a beneficiary who gives up a child for adoption is no longer entitled to additional benefits for that child.

VA will use the most beneficial effective date when removing the veteran's child that has been given up for adoption. The date (month, day, and year) that the child was given up for adoption must be provided. Use Section IX, Item 25, Remarks to provide this information.

#### Death of a Child

VA must remove a child from a beneficiary's award when the child dies.

#### REMOVAL OF A DEPENDENT PARENT DUE TO DEATH:

### **Dependent Parent**

VA must remove a dependent parent from a veteran's award when a parent dies.

For more information on VA benefits, visit our web site at <a href="www.va.gov">www.va.gov</a>, contact us at <a href="https://iris.custhelp.va.gov">https://iris.custhelp.va.gov</a> or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711.

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

V	3	Depar	tment	of V	etera	ns A	ffairs
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# 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 "alternate signer", the veteran *must* sign in Item 26A. When you have completed this form, you can mail it to the address shown at the bottom of Page 2. If you prefer you may complete and submit the form online at <a href="https://www.va.gov">www.va.gov</a>.

VA DATE STAMP (DO NOT WRITE IN THIS SPACE)

may complete and suchin the	form online at w	<u>ww.va.gov</u> .		
SECTION I: VETERAN/CLAIMANT'S IDENTIFICATION INFORMATION (Note: Completion of this section is <u>REQUIRED</u> to process your request; any omission may delay processing)				
NOTE: You may complete the form on	nline or by hand. If con	npleted by hand, print the information requested in ink	, neatly and legibly to help expedite processing of the form.	
1. VETERAN'S NAME (First, Middle	e Initial, Last)			
2. VETERAN'S SOCIAL SECURITY I	NUMBER	3. VA FILE NUMBER (If known)	4. VETERAN'S DATE OF BIRTH (MM-DD-YYYY)	
5. CLAIMANT'S NAME (If other than	<b>veteran)</b> (First, Middle	e Initial, Last)		
6. CLAIMANT'S SOCIAL SECURITY	NUMBER	7. VETERAN'S SERVICE NUMBER (If applicable)	8. TELEPHONE NUMBER (Include Area Code)	
			Enter International Phone Number (If applicable)	
9. E-MAIL ADDRESS (Optional)	l agree to receive ele	ctronic correspondence from VA in regards to my claim.		
10. COMPLETE MAILING ADDRESS No. & Street Apt./Unit Number	S OF VETERAN/CLAII City	MANT (Number and Street or Rural Route, P. O. Box	s, City, State, ZIP Code and Country)	
State/Province	Country	ZIP Code/Postal Code	_	
CECTION II. INFORMATION NEEDED TO ARR CROUCE				
	SECTI	ON II: INFORMATION NEEDED TO ADD	SPOUSE	
11A. SPOUSE'S NAME (First, Midd		ON II: INFORMATION NEEDED TO ADD	SPOUSE	
11A. SPOUSE'S NAME (First, Middle    11B. SPOUSE'S DATE OF BIRTH   MONTH		11C. SPOUSE'S SOCIAL SECURITY NUMBER (SS your spouse does not have an SSN, explain why in Section IX, Item 25, Remarks)	N) (If 11D. DATE OF MARRIAGE	
11B. SPOUSE'S DATE OF BIRTH	lle Initial, Last) YEAR	11C. SPOUSE'S SOCIAL SECURITY NUMBER (SS) your spouse does not have an SSN, explain why in Section IX, Item 25, Remarks)	N) (If 11D. DATE OF MARRIAGE	
11B. SPOUSE'S DATE OF BIRTH  MONTH DAY  — —	lle Initial, Last) YEAR	11C. SPOUSE'S SOCIAL SECURITY NUMBER (SS) your spouse does not have an SSN, explain why in Section IX, Item 25, Remarks)	N) (If 11D. DATE OF MARRIAGE	
11B. SPOUSE'S DATE OF BIRTH  MONTH DAY  11E. PLACE OF MARRIAGE (City and City or County	lle Initial, Last)  YEAR  d State, County and State	11C. SPOUSE'S SOCIAL SECURITY NUMBER (SS) your spouse does not have an SSN, explain why in Section IX, Item 25, Remarks)  ———————————————————————————————————	N) (If	
11B. SPOUSE'S DATE OF BIRTH  MONTH DAY  11E. PLACE OF MARRIAGE (City and City or County	lle Initial, Last)  YEAR  d State, County and State	11C. SPOUSE'S SOCIAL SECURITY NUMBER (SS. your spouse does not have an SSN, explain why in Section IX, Item 25, Remarks)  ———————————————————————————————————	N) (If	
11B. SPOUSE'S DATE OF BIRTH  MONTH DAY  — —  11E. PLACE OF MARRIAGE (City and City or County  11F. HOW WERE YOU MARRIED? (6)	YEAR  YEAR  I State, County and State  Check one) CIV  COMMON LAV	11C. SPOUSE'S SOCIAL SECURITY NUMBER (SS. your spouse does not have an SSN, explain why in Section IX, Item 25, Remarks)  ———————————————————————————————————	N) (If	
11B. SPOUSE'S DATE OF BIRTH  MONTH DAY  11E. PLACE OF MARRIAGE (City and City or County  11F. HOW WERE YOU MARRIED? (Company)  12A. IS YOUR SPOUSE ALSO A VETO YES (If "YES," complete Items NO  NOTE: If you are a veteran that VA is	YEAR  I State, County and State,  Check one) CIV  COMMON LAV  TERAN?	11C. SPOUSE'S SOCIAL SECURITY NUMBER (SS your spouse does not have an SSN, explain why in Section IX, Item 25, Remarks)  ———————————————————————————————————	N) (If  11D. DATE OF MARRIAGE  MONTH  DAY  YEAR   State/Province  Country  FIOUS CEREMONY (i.e. Minister, Priest, Rabbi, etc.)  12C. SPOUSE'S SERVICE NUMBER (If applicable)  Expectilid's biological or adoptive parent, complete Section V.	
11B. SPOUSE'S DATE OF BIRTH  MONTH DAY  11E. PLACE OF MARRIAGE (City and City or County  11F. HOW WERE YOU MARRIED? (Compared or County)  12A. IS YOUR SPOUSE ALSO A VETO YES (If "YES," complete Items NO  NOTE: If you are a veteran that VA is 13A. DO YOU LIVE TOGETHER?	YEAR  I State, County and State,  Check one) CIV  COMMON LAV  TERAN?	11C. SPOUSE'S SOCIAL SECURITY NUMBER (SS your spouse does not have an SSN, explain why in Section IX, Item 25, Remarks)  ———————————————————————————————————	N) (If  11D. DATE OF MARRIAGE  MONTH DAY YEAR  —  State/Province Country  FIOUS CEREMONY (i.e. Minister, Priest, Rabbi, etc.)  12C. SPOUSE'S SERVICE NUMBER (If applicable)	
11B. SPOUSE'S DATE OF BIRTH  MONTH DAY  11E. PLACE OF MARRIAGE (City and City or County  11F. HOW WERE YOU MARRIED? (Compared to the compared	YEAR  YEAR  Check one) CIV COMMON LAV  TERAN?  12B and 12C)  s paying additional ber  D," complete Items 13B a	11C. SPOUSE'S SOCIAL SECURITY NUMBER (SS your spouse does not have an SSN, explain why in Section IX, Item 25, Remarks)  ———————————————————————————————————	N) (If  11D. DATE OF MARRIAGE  MONTH  DAY  YEAR  Country  State/Province  Country  SIOUS CEREMONY (i.e. Minister, Priest, Rabbi, etc.)  12C. SPOUSE'S SERVICE NUMBER (If applicable)  spechild's biological or adoptive parent, complete Section V.  ample, marital problems, job requirements, health, etc.)	
11B. SPOUSE'S DATE OF BIRTH  MONTH DAY  11E. PLACE OF MARRIAGE (City and City or County  11F. HOW WERE YOU MARRIED? (Company)  12A. IS YOUR SPOUSE ALSO A VETO YES (If "YES," complete Items NO  NOTE: If you are a veteran that VA is 13A. DO YOU LIVE TOGETHER? YES NO (If "NO")  13C. CURRENT MAILING ADDRESS No. &	YEAR  YEAR  Check one) CIV COMMON LAV  TERAN?  12B and 12C)  s paying additional ber  D," complete Items 13B a	11C. SPOUSE'S SOCIAL SECURITY NUMBER (SS your spouse does not have an SSN, explain why in Section IX, Item 25, Remarks)  ———————————————————————————————————	N) (If  11D. DATE OF MARRIAGE  MONTH  DAY  YEAR  Country  State/Province  Country  SIOUS CEREMONY (i.e. Minister, Priest, Rabbi, etc.)  12C. SPOUSE'S SERVICE NUMBER (If applicable)  spechild's biological or adoptive parent, complete Section V.  ample, marital problems, job requirements, health, etc.)	

NOTE: You must provide complete information about your prior marriages and your	current spouse's prior	marriages.	
14. VETERAN/CLAIMANT'S PREVIOUS MARITAL INFORMATION (If no prior marriages, this section may be left blank)			
14A. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)			
14A. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)			
City or County	State/Province	Country	
14A. (3) REASON FOR TERMINATION			
C Death C Divorce C Annulment C Other (Explain):			
14A. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)	_		
City or County	State/Province	Country	
14B. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)			
14B. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)	-		
City or County	State/Province	Country	
14B. (3) REASON FOR TERMINATION			
○ Death ○ Divorce ○ Annulment ○ Other (Explain):			
14B. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)	_		
City or County	State/Province	Country	
14C. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)			
14C. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)	_		
City or County	State/Province	Country	
14C. (3) REASON FOR TERMINATION			
C Death C Divorce C Annulment C Other (Explain):			
14C. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)	_		
City or County	State/Province	Country	
14D. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)			
14D. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)	-		
City or County	State/Province	Country	
14D. (3) REASON FOR TERMINATION			
C Death C Divorce C Annulment C Other (Explain):			
14D. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)	_		
City or County	State/Province	Country	

15. CURRENT SPOUSE'S PREVIOUS MARITAL INFO (If no prior marriages, this section may be left bla		
15A. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)		
15A. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)		
City or County	State/Province	Country
15A. (3) REASON FOR TERMINATION		
C Death C Divorce C Annulment C Other (Explain):		
15A. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)	-	
City or County	State/Province	Country
15B. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)		
15B. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)		
City or County	State/Province	Country
15B. (3) REASON FOR TERMINATION		
C Death C Divorce C Annulment C Other (Explain):		
15B. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)	_	
City or County	State/Province	Country
15C. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)		
15C. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)		
City or County	State/Province	Country
15C. (3) REASON FOR TERMINATION		
C Death C Divorce C Annulment C Other (Explain):		
15C. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)	_	
City or County	State/Province	Country
15D. (1) TO WHOM MARRIED (First, Middle Initial, Last Name)		
15D. (2) DATE AND PLACE OF MARRIAGE (MM-DD-YYYY)		
City or County	State/Province	Country
15D. (3) REASON FOR TERMINATION		
Other (Explain):		
15D. (4) DATE AND PLACE MARRIAGE TERMINATED (MM-DD-YYYY)	_	
City or County	State/Province	Country

	I: INFORMATION NEEDED TO ADD CHILD children, fill out addendum (Page 15) and s		on)
16A. NAME OF <b>FIRST</b> CHILD TO ADD <i>(First, Middle Initial)</i>	Last)		
16B. SOCIAL SECURITY NUMBER	16C. DATE OF BIRTH (MM-DD-YYYY)		
_			
16D. PLACE OF BIRTH (Provide City and State, County and State	e, or City and Country)		
City or County		State/Province	Country
16E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT	PROVIDE NAME OF PERSON THE CHILD RESIDES WI	ITH	
16F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT	, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE (	CHILD RESIDES	
No. &			
Street			
Apt./Unit Number City			
State/Province Country	ZIP Code/Postal Code	_	
16G. CHILD STATUS (Check all that apply)			
O BIOLOGICAL O 18-23 YEARS OLD AND IN SCH	OOL (If checked, fill out VA Form 21-674) ADOPTED	CHILD INCAPABLE	OF SELF-SUPPORT
CHILD PREVIOUSLY MARRIED (If checked, provide the d	ate marriage ended and how the marriage ended in Item 16H)	STEPCHILD (If check	ked, complete Item 16I)
16H. HOW AND WHEN MARRIAGE ENDED			
DATE (MM-DD-YYYY)	O DIVORCE OTHER (E	Explain)	
	C ANNULLED		
16I. IF YOU CHECKED "STEPCHILD" IN ITEM 16G, IS STEP			
YES (If "Yes," provide the date the child entered veteran's hot	usehold) DATE (MM-DD-YYYY)	_	
17A. NAME OF <b>SECOND</b> CHILD TO ADD (First, Middle Init	ial Last)		
177. WIND OF GEGORD OF HEB TO NOB (1 If st., 111 Idate That	iui, Lusi)		
17B. SOCIAL SECURITY NUMBER			
ITB. SOCIAL SECURIT NOWIDER	17C. DATE OF BIRTH (MM-DD-YYYY)		
17D. PLACE OF BIRTH (Provide City and State, County and State	, or City and Countr <b>y)</b>		
City or County		State/Province	Country
17E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT	PROVIDE NAME OF PERSON THE CHILD RESIDES WI	TH	
17F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT No. &	, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE (	CHILD RESIDES	
Street			
Apt./Unit Number City			
State/Province Country	ZIP Code/Postal Code	_	
17G. CHILD STATUS (Check all that apply)	C +000750	OLULD INCADADLE	OF CELF CURRORT
	OOL (If checked, fill out VA Form 21-674) ADOPTED	_	OF SELF-SUPPORT
CHILD PREVIOUSLY MARRIED (If checked, provide the a	ate marriage ended and how the marriage ended in Item 17H)	STEPCHILD (If chec	ked, complete Item 171)
17H. HOW AND WHEN MARRIAGE ENDED  DATE (MM-DD-YYYY)	O DIVORCE OTHER	(Explain)	
<u> </u>	O ANNULLED		
17I. IF YOU CHECKED "STEPCHILD" IN ITEM 17G, IS STE			
YES (If "Yes," provide the date the child entered veteran's ho		_	
O NO			

SECTION III: INFORMATION I (If claiming more than four children, fill	IEEDED TO ADD CHILD(REN) out addendum (Page 15) and s		)
18A. NAME OF THIRD CHILD TO ADD (First, Middle Initial, Last)			
18B. SOCIAL SECURITY NUMBER 18C. DATE O	BIRTH (MM-DD-YYYY)		
_			
	<del>-</del>		
18D. PLACE OF BIRTH (Provide City and State, County and State, or City and Cou	ntry)		
City or County	5	State/Province	Country
18E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAM	OF PERSON THE CHILD RESIDES WI	тн	
18F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COM	PLETE PHYSICAL ADDRESS WHERE (	CHILD RESIDES	
No. &			
Street Apt./Unit Number City			
Apt./Unit Number City			
State/Province Country ZIP Code	Postal Code	_	
18G. CHILD STATUS (Check all that apply)			
O BIOLOGICAL O 18-23 YEARS OLD AND IN SCHOOL (If checked,	ill out VA Form 21-674) ADOPTED	CHILD INCAPABLE O	F SELF-SUPPORT
CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage ende	d and how the marriage ended in Item 18H)	STEPCHILD (If checked	d, complete Item 18I)
18H. HOW AND WHEN MARRIAGE ENDED			
DATE (MM-DD-YYYY)	DIVORCE OTHER (E	Explain)	
401 15 VOL OUEOVED 1075500111 DI IN 17514 400 10 075500111 D THE DV	ANNULLED		
18I. IF YOU CHECKED "STEPCHILD" IN ITEM 18G, IS STEPCHILD THE BIGOTES (If "Yes," provide the date the child entered veteran's household) DATE	(MM-DD-YYYY)		
O NO	<u> </u>	_	
19A. NAME OF <b>FOURTH</b> CHILD TO ADD (First, Middle Initial, Last)			
19B. SOCIAL SECURITY NUMBER 19C DATE O	BIRTH (MM-DD-YYYY)		
	—		
100 DI ACE OF DIDTH (Brazil de Cite and State County and State on Cite and Cou	to d		
19D. PLACE OF BIRTH (Provide City and State, County and State, or City and Cou	try)	State/Province	Country
City or County			Country
19E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAM	OF PERSON THE CHILD RESIDES WI	IH	
19F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE CON	DI ETE DHYSICAL ADDDESS WHEDE (	CHII D DESIDES	
No. &	PLETE PHI SICAL ADDRESS WHERE C	CHILD RESIDES	
Street Apt./Unit Number City			
	/Postal Codo	_	
·	l/Postal Code	_	
19G. CHILD STATUS (Check all that apply)  BIOLOGICAL 18-23 YEARS OLD AND IN SCHOOL (If checked,	Gill out VA Form 21-674) ADOPTED	CHILD INCAPABLE C	F SELF-SUPPORT
CHILD PREVIOUSLY MARRIED (If checked, provide the date marriage end.	iii oiii vii i oim 21 oi ij	STEPCHILD (If checke	d, complete Item 191)
19H. HOW AND WHEN MARRIAGE ENDED			.,,
DATE (MM-DD-YYYY)	OTHER	Explain)	
	ANNULLED		
19I. IF YOU CHECKED "STEPCHILD" IN ITEM 19G, IS STEPCHILD THE BI	DLOGICAL CHILD OF YOUR SPOUSE?		
	(MM-DD-YYYY)	_	
○ NO			

SECTION IV: VETERAN REPORTING DIVORCE FRO (If you have stepchild(ren), also complete		
NOTE: If marriage ended as an annulment or declared void, use Section IX, Item 25, "Remarks" t	o explain.	
20A. NAME OF FORMER SPOUSE (First, Middle Initial, Last)		
20B. PLACE OF DIVORCE (Provide city and state, county and state, or city and country)		
City or County	State/Province	Country
20C. DATE OF DIVORCE		
SECTION V: VETERAN/CLAIMANT REPORTING ON	N STEPCHILD(REN)	
21A. (1) DID YOU HAVE A STEPCHILD(REN) THAT WAS THE BIOLOGICAL OR ADOPTED CHILD(REN) C	OF THE FORMER SPOUSE LISTE	D IN ITEM 20A?
YES (If "YES," list the name(s) of the stepchild(ren) here):		
NO (If "NO," skip to Section VI)		
21A. (2) NAME(S) OF STEPCHILD(REN) (First, Middle Initial, Last)		
21B. ARE YOU STILL SUPPORTING YOUR STEPCHILD(REN) LISTED IN ITEM 21A?		
YES (If "YES," complete Items 21C through 21L)		
NO (If "NO," skip to Section VI)		
21C. NAME OF STEPCHILD YOU ARE SUPPORTING		
21D. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE THE NAME OF PERSON WITH WHOM STEP	CHILD RESIDES	
21E. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE A COMPLETE ADDRESS		
No. &		
Street		
Apt./Unit Number City		
State/Province Country ZIP Code/Postal Code	-	
21F. DATE STEPCHILD LEFT VETERAN'S HOUSEHOLD (MM-DD-YYYY)	_	
21G. FINANCIAL SUPPORT PROVIDED More than half Half	C Less than half	
21H. NAME OF STEPCHILD YOU ARE SUPPORTING	0	
211. WWIE OF STEE STILLS TOO WAE SOFT STATING		
21I. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE THE NAME OF PERSON WITH WHOM STEPC	CHILD RESIDES	
21. II OTEL OTHER BOLD NOT EIVE WITH TOO, THOUBE THE IVAME OF TERCON WITH WHOM OTEL O	THE REGIDEO	
21J. IF STEPCHILD DOES NOT LIVE WITH YOU, PROVIDE A COMPLETE ADDRESS		
No. &		
Street		
Apt./Unit Number City		
State/Province	_	
State/Province Country ZIP Code/Postal Code		
21K. DATE STEPCHILD LEFT VETERAN'S HOUSEHOLD (MM-DD-YYYY)		
21L. FINANCIAL SUPPORT PROVIDED	Less than half	

SECTION VI: VETERAN/CLAIMANT REPORTING DEATH OF A	A DEPENDENT	
22A. (1) DEPENDENT TYPE (Check all that apply)		
C SPOUSE C MINOR CHILD (UNDER 18 YEARS OLD STEPCHILD ADOPTED	O DEPENDENT PARENT	
CHILD INCAPABLE OF SELF-SUPPORT 18-23 YEARS OLD AND IN SCHOOL		
22B. NAME OF DEPENDENT(First, Middle Initial, Last)		
22C. DATE OF DEATH (MM/DD/YYYY) — — —		
22D. PLACE OF DEATH (City & State, County & State, or City & Country)		
City or County	State/Province	Country
22A. (2) DEPENDENT TYPE (Check all that apply)		
O SPOUSE O MINOR CHILD (UNDER 18 YEARS OLD O STEPCHILD O ADOPTED	O DEPENDENT PARENT	
CHILD INCAPABLE OF SELF-SUPPORT 18-23 YEARS OLD AND IN SCHOOL		
22B. NAME OF DEPENDENT (First, Middle Initial, Last)		
22C. DATE OF DEATH (MM/DD/YYYY) — — —		
22D. PLACE OF DEATH (City & State, County & State, or City & Country)		
City or County	State/Province	Country
SECTION VII: VETERAN/CLAIMANT REPORTING MARRIAG	E OF CHILD	
23A. NAME OF CHILD (First, Middle Initial, Last)		
23B. DATE OF MARRIAGE (MM-DD-YYYY)		
SECTION VIII: VETERAN/CLAIMANT REPORTING A SCHOOLCHILD OVER 18 HA	2 STORDER ATTENDING SOL	1001
24A. NAME OF SCHOOLCHILD (First, Middle Initial, Last)	S STOPPED ATTENDING SCF	IOOL
24A. NAME OF SCHOOLCHILD (First, Muale mittal, Last)		
24B. DATE SCHOOLCHILD STOPPED ATTENDING SCHOOL (MM-DD-YYYY)		

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* (REQUIRED)  26B. DATE (MM/DD/YYYY)			

- 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 eliqibility 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 <u>www.reginfo.gov/public/do/PRAMain.</u> If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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 <b>ADDITIONAL</b> CHILD TO ADD (First, Middle Initial, Last)			
1B. SOCIAL SECURITY NUMBER	1C. DATE OF BIRTH (MM-DD-YYYY)		
1D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country)			
City or County	9	State/Province Country	
1E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PROVIDE NAME OF PERSON THE CHILD RESIDES WITH			
1F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, P No. &	ROVIDE COMPLETE PHYSICAL ADDRESS WHERE C	HILD RESIDES	
Street			
Apt./Unit Number City			
State/Province Country	ZIP Code/Postal Code	_	
1G. CHILD STATUS (Check all that apply)  BIOLOGICAL 18-23 YEARS OLD AND IN SCHO	OOL (If checked, fill out VA Form 21-674) ADOPTED	CHILD INCAPABLE OF SELF-SUPPORT	
CHILD PREVIOUSLY MARRIED (If checked, provide the da		STEPCHILD (If checked, complete Item 11)	
1H. HOW AND WHEN MARRIAGE ENDED			
DATE (MM-DD-YYYY)	OTHER	(Explain)	
	ANNULLED		
11. IF YOU CHECKED "STEPCHILD" IN ITEM 1G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?  YES (If "Yes," provide the date the child entered veteran's household)  DATE (MM-DD-YYYY)  NO			
2A. NAME OF <b>ADDITIONAL</b> CHILD TO ADD <i>(First, Middle I</i>	nitial, Last)		
2B. SOCIAL SECURITY NUMBER	2C. DATE OF BIRTH (MM-DD-YYYY)		
2D. PLACE OF BIRTH (Provide City and State, County and State, or City and Country)			
City or County		State/Province Country	
2E. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT PI	ROVIDE NAME OF PERSON THE CHILD RESIDES WIT	TH	
2F. IF THE CHILD DOES NOT LIVE WITH THE CLAIMANT, PROVIDE COMPLETE PHYSICAL ADDRESS WHERE CHILD RESIDES No. & Street			
Apt./Unit Number City			
State/Province Country	ZIP Code/Postal Code	_	
2G. CHILD STATUS (Check all that apply)			
O 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)  STEPCHILD (If checked, complete Item 2I)			
2H. HOW AND WHEN MARRIAGE ENDED	O DIVORCED O OTHER	(Explain)	
DATE (MM-DD-YYYY)	O DIVORCED OTHER	expans)	
21. IF YOU CHECKED "STEPCHILD" IN ITEM 2G, IS STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE?			
O YES (If "Yes," provide the date the child entered veteran's household)			
NO	<b>—</b> —		

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