For Claimants and Beneficiaries Use Who Must Sign by Mark "X" or Thumbprint:

"I hereby certify that the information on this form is true and complete to the best of my knowledge and belief."

Mark or Thumbprint: _____

Veteran/Claimant's Name: _____

VA Claim Number: _____

1st Witness:

Printed Name: _____

Address: _____

_____

Signature: _____

2nd Witness:

Printed Name: _____

Address: _____

_____

Signature: _____