



# VFW Department of Missouri Veterans Service Referral Form

**THIS IS A REFERRAL FORM, NOT A CLAIM FOR BENEFITS!**

The purpose of this form is to gather some basic information in order that we can evaluate your possible eligibility to receive VA benefits. **This information is held confidential and will not be released in any form or for any other use.** Please be thorough in the filling out of this form.  
(PLEASE PRINT)

Veterans Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SVC# \_\_\_\_\_  
Spouse Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Best Time to Call: \_\_\_\_\_ E-mail \_\_\_\_\_

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Military SVC \_\_\_\_\_

Registered in VA System: Yes \_\_\_\_\_ No \_\_\_\_\_ % of Disability \_\_\_\_\_ % VA File # \_\_\_\_\_ VA POA \_\_\_\_\_

Service outside the USA: Yes \_\_\_\_\_ No \_\_\_\_\_ Country: \_\_\_\_\_ Military Job \_\_\_\_\_

Medals or Decorations:

Combat Award \_\_\_\_\_ Bronze Star \_\_\_\_\_ Higher \_\_\_\_\_ Purple Heart \_\_\_\_\_ Other \_\_\_\_\_

Referred By: \_\_\_\_\_ Post \_\_\_\_\_ District \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments: Yes \_\_\_\_\_ No \_\_\_\_\_

**Please forward this form to:**

VFW Veterans Service  
VA Regional Office  
9700 Page Avenue, Rm 1-027  
St. Louis, MO 63132  
Email: [vfw.vbastl@va.gov](mailto:vfw.vbastl@va.gov)  
Fax: 314-253-4162