

## Post Service Officer General Information Sheet

PSO Name: \_\_\_\_\_ Post #: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### Veterans Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

### Service Information (Last Period of Active Service) (List additional periods of service on a separate page.)

Date Entered AD: \_\_\_\_\_ Place: \_\_\_\_\_

Date Released AD: \_\_\_\_\_ Place: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Serial Number: \_\_\_\_\_

### VA Information

Claim Number: \_\_\_\_\_ SC Percentage \_\_\_\_\_

SC Conditions: \_\_\_\_\_

### Spouse/Widow(er) Information (At time of veterans' death.) (List additional marriages for both parties on a separate page.)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

### Dependent Children

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Place: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Place: \_\_\_\_\_ SSN: \_\_\_\_\_

List additional marriages and divorces on a separate page per the claim checklist. List additional Dependent(Helpless) children on a separate sheet as needed.