

# NAVAJO NATION VETERAN ADMINISTRATION

## FORT DEFIANCE AGENCY

### VETERAN REGISTRATION FORM FY 2017

VETERAN Last Name		First Name	Middle Name	Last 4 of SSN	
Mailing Address of Veteran					
Chapter Affiliation:					
Date of Birth			Place of Birth		
Social Security #			Census #		
Service Serial #			Dates of Service / Conflict Era		
US Army	US Navy	US Marine Corps	US Air Force		
Service Branch				Rank	
Currently Receiving Benefits?		Yes	No	Service Connected Disability?	
				Yes	No
Disability Rating:			Date of Rating:		
Home Phone #			Work Phone #		
Cell Phone #			Msg Phone #		
Email Address:					
Name of Next of Kin			Address of Next of Kin		
SPOUSE Last Name		First Name	Middle Name	Last 4 of SSN	
SPOUSE Date of Birth		SPOUSE		Census #	
Intake Completed by:			Date:		
Quality Review by:			Date:		

NAVAJO NATION VETERAN ADMINISTRATION  
FORT DEFIANCE AGENCY  
VETERAN REGISTRATION FORM FY 2017

**PLEASE PROVIDE A MAP TO YOUR RESIDENCE**