

Veteran's Personal Data Information Sheet

To register with your Schoharie County Veterans' Service Agency or to update current information on file, mail or deliver in person to:

**Schoharie County Veterans' Service
P.O. Box 429,
Schoharie, NY 12157**

VA Claim Number: _____

Social Security Number: _____

First Name: _____ Middle Name: _____

_____ Last Name:

Male: _____ Female: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Date of Birth: _____

Place of Birth: _____

Marital Status: _____

Date of Marriage: _____

Place of Marriage: _____

Name of Spouse: _____

Spouse Maiden Name: _____

Spouse Social Security: _____

Spouse Date of Birth: _____

Spouse Place of Birth: _____

Veterans Branch of Service: _____

Service Number: _____

Last Rank Held: _____

Type of Discharge: _____

Date Entered Active Duty: _____

Discharge Date from Active Duty: _____

Veteran's Next of Kin, if not Married: _____

Next of Kin Street Address: _____

City: _____ State: _____ Zip Code: _____

Next of Kin Telephone: _____

Next of Kin Relationship: _____