Print Form Clear Form

Butler County Veterans' Service Commission
Hamilton: 513.887.3600
Middletown: 513.425.8688
Fax: 513.887.3519
Service Work Pre-Registration Questionnaire

VETERAN'S NAME **(REQUIRED)**	Last Name	First Name	Middle Initial
Social Security Number	Date of Birth	Date of Death (If applicable)	
Street Address			
City/State	Zip	Phone Number	
Marital Status	Current Occupation		

APPLICANT'S NAME **(If other than Veteran applying)**	Last Name	First Name	Middle Initial
Social Security Number of Applicant	Street Address (If not same as Veteran's)		
Relationship to Veteran	City	Zip Code	

COPY OF DOD FORM: DD214 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY REQUIRED. IF NOT AVAILABLE ONE CAN BE REQUESTED FOR YOU.

1.	Would you like to schedule a meeting for **General Information**? ○ **Yes** ○ **No** Specific requests listed below.
2.	Type of FEDERAL BENEFITS through the Department of Veterans Affairs you wish to apply for: ☐ Aid & Attendance *(Homebound/Nursing Home/Invalid Veterans and widows only.)* ☐ Ohio Veterans Home Application ☐ Burial Benefits ☐ DD214 (Upgrade) ☐ Educational Benefits ☐ EVR *(Annual Evaluation Report)* ☐ Income Verification ☐ Update records with Veterans Affairs. ☐ Medals ☐ Non-Service Pension ☐ Service Connected Compensation ☐ Widow's Pension ☐ Medical Benefits ☐ Other_____
3.	How did you learn of this agency?

PRINT NAME:

SIGNATURE:	DATE