

The American Legion Department of New Hampshire

Veteran Service Office

Veteran Questionnaire

Please print neatly

1. What is your name? (last, first, middle) _____
2. Relationship to veteran _____
3. Today's date (ddmmyy) _____
4. Street Address _____
5. City _____ State _____ Zipcode _____
6. Telephone number (home) _____
 - a. (cell) _____
7. Email address _____
8. DOB (ddmmyy) _____
9. Branch of service _____
 - a. Active duty, guard, or reserve? _____
10. Service entry date (ddmmyy) _____
11. Service discharge date (ddmmyy) _____
12. Type of discharge _____
13. Grade and rank _____
14. Military occupation _____
15. Are you a member of The American Legion? _____
 - a. If yes, what post number? _____
16. Have you previously filed a claim with the VA or do you have an ongoing claim? _____
17. Have you previously worked with a VSO office? _____
 - a. If yes, which one? _____
18. How can The American Legion Veteran Service Office assist you? _____