



**Post Service Officer Veteran Interview Form**

**The American Legion**

400 South 18<sup>th</sup> Street, St. Louis MO 63103

314-552-9884 phone

314-231-7463 fax

**PLEASE FILL IN AS MUCH INFORMATION AS POSSIBLE,  
SO WE CAN BETTER SERVE YOU.**

**VETERAN INFO:**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Type of Claim/s \_\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ C-Number or VA File Number \_\_\_\_\_

**SPOUSE or SURVIVING SPOUSE INFO:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Type of Claim/s \_\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ C-Number or VA File Number \_\_\_\_\_

Number of Children under age 18, 18 to 23 attending school or disabled before the age of 18: \_\_\_\_\_

List All Children meeting above criteria:

| Name  | Age   | Date of Birth | SSN            |
|-------|-------|---------------|----------------|
| _____ | _____ | _____         | ____-____-____ |
| _____ | _____ | _____         | ____-____-____ |
| _____ | _____ | _____         | ____-____-____ |

**MAILING ADDRESS** for this CONTACT: \_\_\_\_\_

Street or Box \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SERVICE INFO:** Branch of Service \_\_\_\_\_ Service Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Rank \_\_\_\_\_

Entry date \_\_\_\_\_ Discharge date \_\_\_\_\_

**Character of Discharge:** Honorable, General Under Honorable Conditions (UHC), Other Than Honorable (OTH) \_\_\_\_\_

**Benefits Information Requested:** \_\_\_\_\_

**Interviewed by:** \_\_\_\_\_ **Interviewer's Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Printed Name and Post

**THIS IS NOT A CLAIM FOR VA BENEFITS!**