

(CHECK ONE BOX PER APPLICATION)

- WORLD WAR II       DESERT STORM
- KOREAN             GLOBAL WAR ON TERRORISM
- VIETNAM

DVA FILE # \_\_\_\_\_

## STATE OF ILLINOIS DEPARTMENT OF VETERANS' AFFAIRS

### APPLICATION FOR VETERAN'S COMPENSATION By Living Veteran

I, \_\_\_\_\_  
 (Last Name)                      (First)                      (Middle)                      (SSN)                      (Branch of Service)                      (Serial Number)

The name under which I entered the service (if different from above) was \_\_\_\_\_

Present mailing address \_\_\_\_\_  
 (Number)                      (Street)                      (City or Town)                      (County)                      (State)                      (Zip Code)

do hereby make application for the Illinois Veterans' Compensation for my service from

\_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_  
 (Month)                      (Day)                      (Year)                      (Month)                      (Day)                      (Year)

as evidence by my enclosed copy of Report of Separation (DD Form 214)

- I was awarded the       Korean Service Medal       Vietnam Service Medal       Armed Force Expeditionary Medal-Vietnam  
 Southwest Asia Service Medal       Global War on Terrorism Expeditionary Medal       Global War on Terrorism Service Medal  
 Afghanistan Campaign Medal       Iraq Campaign Medal

**Global War on Terror only: must have served at least 30 consecutive or 60 nonconsecutive days foreign or sea service.**

I entered active service from \_\_\_\_\_ on: \_\_\_\_\_  
 (City)                      (State)                      (Date)

I was separated from active service at \_\_\_\_\_  
 (Post, Camp or Station)

My place and date of birth was \_\_\_\_\_  
 (City)                      (County)                      (State)                      (Month)                      (Day)                      (Year)

My type of separation from active service was honorable \_\_\_\_\_ under honorable conditions \_\_\_\_\_

I was a resident of Illinois for \_\_\_\_\_ years and \_\_\_\_\_ months immediately prior to entry into the Armed Forces of the United States

At time of entry into active service I was residing at \_\_\_\_\_  
 (Number)                      (Street)  
 \_\_\_\_\_  
 (City or Town)                      (County)                      (State)

My address at time of separation from service (Permanent address) was \_\_\_\_\_  
 (Number)                      (Street)  
 \_\_\_\_\_  
 (City or Town)                      (County)                      (State)

**-IMPORTANT NOTICE-**

This state agency is requesting disclosure of information necessary to accomplish the statutory purpose of Ch. 122, 30-14.2. Disclosure is REQUIRED: failure to provide this information will prevent the claim from being processed. This form has been approved by the Forms Management Center.

I have/have not applied for and/or received a bonus or similar payments from another State on account of my service.

If "have" what State? \_\_\_\_\_

**For World War II Veterans only:** Compensation show total active service from September 16, 1940 to September 2, 1945.

ACTIVE DOMESTIC SERVICE (EXCLUDING ALASKA)

ACTIVE FOREIGN SERVICE (INCLUDING ALASKA)

Month's \_\_\_\_\_ Days \_\_\_\_\_

Months \_\_\_\_\_

Days \_\_\_\_\_

I hereby certify that statements on page 1 are true and correct to the best of my knowledge and belief

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(Telephone Number)

Do not write below this line

**THIS SECTION FOR DVA USE ONLY**

**DEPARTMENT OF VETERANS' AFFAIRS**

I hereby certify that the within claim has been examined and is hereby certified for payment of \$ \_\_\_\_\_ for service in the Armed Forces of the United States, as provided by the Illinois Veterans' Compensation Act.

Examined and Verified by: \_\_\_\_\_

Dated: \_\_\_\_\_

**(WW II VETERANS ONLY)**

ACTIVE DOMESTIC SERVICE

ACTIVE FOREIGN SERVICE

Months of Service \_\_\_\_\_

Months of Service \_\_\_\_\_

Days of Service \_\_\_\_\_

Days of Service \_\_\_\_\_

Amount Due \_\_\_\_\_

Amount Due \_\_\_\_\_

TOTAL AMOUNT DUE \_\_\_\_\_

Examined by: \_\_\_\_\_

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

**APPLICATION PROCEDURE**

1. Complete application
2. Submit a copy (ies) of Veteran's separation or discharge(s).
3. Mail completed application to the Department of Veterans' Affairs, P.O. Box 19432, 833 South Spring Street, Springfield, Illinois 62794-9432

**A separate application must be submitted for each era checked on page 1**