Self-Attestation Form for Item P25
Veteran (or spouse of veteran)?

On this date, I, __________________________________________ (Name of Applicant), certify that I am a veteran, or a spouse of a veteran, as defined by one of the following statements:

_____ I served in the active _______________________________ (Name of Branch of Military) and was discharged or released from such service under conditions other than dishonorable, or

_____ I was on full-time duty in the National Guard or a Reserve component, other than full-time duty for training purposes, and was released from such duty with other than a dishonorable discharge, or

_____ I am the spouse of a person who died on active duty or of a service-connected disability, or

_____ I am the spouse of a member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed in one or more of the following categories:

______ missing in action;
______ captured in the line of duty by a hostile force; or
______ forcibly detained or interned in the line of duty by a foreign government or power; or

_____ I am the spouse of a person who has a total disability permanent in nature resulting from a service-connected disability as determined by the VA; or

_____ I am the spouse of a veteran who died while a disability so evaluated was in existence.

Additionally, I attest that I or my spouse served and was discharged from active duty as defined above on __________________________

(Date)

__________________________________________
(Signature of Applicant) ______________________
(Date)