



THE FILIPINO VETERANS RECOGNITION  
AND EDUCATION PROJECT

**FILIPINO VETERANS RE COGNITION AND EDUCATION PROJECT**

VETERAN INFORMATION

NAME: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Surviving: YES NO

Military Service Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Unit Specific Name:

Retired: YES NO

Received Filipino Veterans Equity Compensation: YES NO Appeal

Currently receiving VA Benefits: YES NO

Date of Service: \_\_\_\_\_

Location of Service: \_\_\_\_\_

VETERAN'S ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Status: \_\_\_\_\_

Veteran Attending Event: YES NO

POW: YES NO

Family Member Information:

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial)

Relationship to Veteran: SELF \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Family Member Attending Event: YES NO

COMMENT: Please complete as much information you can provide and return to me at [WVU4.VUub.Y.UWcf](mailto:WVU4.VUub.Y.UWcf) or mail to: [6UUb@Y.UWcf](mailto:6UUb@Y.UWcf) [W.C.VmTh](mailto:W.C.VmTh)  
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