



## CLAIMS FAX TRANSMITTAL SHEET

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

**To:** WDVA Claims Office, Milwaukee VARO, Room 157  
**From:** \_\_\_\_\_ **CVSO**  
**CVSO Phone #** \_\_\_\_\_

<b>Date:</b> _____
<b>Fax #:</b> (414) 902-9421
<b># of Pages:</b> _____

**Veteran/Claimant:** \_\_\_\_\_

**C or XC #:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Action Desired:**

### Included Materials

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> VAF 21-22<br><input type="checkbox"/> VAF 21-527 ( <input type="checkbox"/> EZ)<br><input type="checkbox"/> VAF 21-4140-1<br><input type="checkbox"/> VAF 21-8416<br><input type="checkbox"/> VAF 21-686c<br><input type="checkbox"/> VAF 5655<br><input type="checkbox"/> VCAA Notice Response<br><input type="checkbox"/> Medical Records<br>(VAMC _____ )<br><input type="checkbox"/> Marriage Certificate<br><br><input type="checkbox"/> Other: | <input type="checkbox"/> VAF 21-4138<br><input type="checkbox"/> VAF 21-8940<br><input type="checkbox"/> VAF 21-0781 ( <input type="checkbox"/> "a")<br><input type="checkbox"/> VAF 21-534<br><input type="checkbox"/> VAF 21-674<br><input type="checkbox"/> VAF 21-0516<br><input type="checkbox"/> Service Medical Records<br><input type="checkbox"/> Notice of Death<br><input type="checkbox"/> Death Certificate<br><input type="checkbox"/> WDVA 1045 | <input type="checkbox"/> VAF 21-526 ( <input type="checkbox"/> EZ <input type="checkbox"/> "b")<br><input type="checkbox"/> VAF 9<br><input type="checkbox"/> VAF 21-4142<br><input type="checkbox"/> VAF 21-530<br><input type="checkbox"/> VAF 28-1900<br><input type="checkbox"/> DD 214<br><input type="checkbox"/> Treatment Records (private)<br><input type="checkbox"/> Birth Certificate<br><input type="checkbox"/> Divorce Decree |
|---|--|--|

**Notes:**