



NAVAJO NATION VETERANS ADMINISTRATION

VETERANS REGISTRATION FORM FY 2026

Chapter _____

Veteran
Name

First

Middle

Last

Suffix

Census # _____

Social Security # _____

Date of Birth _____

Mailing Address _____

Primary Phone # _____ Msg. Phone # _____

Email Address _____

NEXT OF KIN _____ Phone # _____

Information for Spouse _____

Last Name

First Name

M.I

Date of Birth _____

Census # _____

Circle Branch:

Army

Navy

Marine Corps

Army National Guard

Air Force

Coast Guard

Dates of Service:

OFFICIAL NNVA USE ONLY

DD214: _____ DL/ID: _____ SS Card: _____ CIB: _____ MARRIAGE LICENSE / DIVORCE DECREE: _____

Intake Completed by:

Date:

NAVAJO NATION VETERANS ADMINISTRATION

PLEASE PROVIDE A MAP TO YOUR RESIDENCE

