



# NAVAJO NATION VETERANS ADMINISTRATION

## VETERANS REGISTRATION FORM FY 2027



Chapter \_\_\_\_\_

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 # \_\_\_\_\_

<b>Branch:</b>	Army	Navy	Marine Corps
	Army National Guard	Air Force	Coast Guard
<b>Dates of Service:</b>	_____		

### OFFICIAL NNVA USE ONLY

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

Intake Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Quality Review by: \_\_\_\_\_ Date: \_\_\_\_\_

**NAVAJO NATION VETERANS ADMINISTRATION FORT DEFIANCE AGENCY**

**PLEASE PROVIDE A MAP TO YOUR RESIDENCE**

