



NAVAJO NATION VETERANS ADMINISTRATION  
SURVIVING SPOUSE REGISTRATION FORM FY 2027



CHAPTER \_\_\_\_\_

Name \_\_\_\_\_  
*First Middle Last*

Census # \_\_\_\_\_ Social Security \_\_\_\_\_

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

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Msg. Phone # \_\_\_\_\_

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

Name of next of kin: \_\_\_\_\_ Phone #: \_\_\_\_\_

DECEASED VETERAN INFORMATION

\_\_\_\_\_  
*First Name M.I. Last Name Suffix*

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-Member 4: \_\_\_\_\_ DL/ID: \_\_\_\_\_ SS Card: \_\_\_\_\_ CIB: \_\_\_\_\_ Marriage Certificate: \_\_\_\_\_ DEATH CERT: \_\_\_\_\_

Intake Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Quality Review by: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PROVIDE A MAP TO YOUR RESIDENCE**

**Physical Address:** \_\_\_\_\_

