



NAVAJO NATION VETERANS ADMINISTRATION FORT
DEFIANCE AGENCY



SURVIVING SPOUSE REGISTRATION FORM FY 2025

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 # _____

Branch:	Army	Navy	Marine Corps
	Army National Guard	Air Force	Coast Guard
Dates of Service	_____		

OFFICIAL NNVA USE ONLY

DD214-Member 4: _____ DL/ID: _____ SS Card: _____ CIB: _____ Marriage Certificate: _____ DEATH CERT: _____

Intake Completed by: _____ Date: _____

PLEASE PROVIDE A MAP TO YOUR RESIDENCE

Physical Address: _____

