



**NAVAJO NATION VETERANS ADMINISTRATION
FORT DEFIANCE AGENCY**



VETERANS REGISTRATION FORM FY 2025

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 # _____

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 FORT DEFIANCE AGENCY

PLEASE PROVIDE A MAP TO YOUR RESIDENCE

