



# Contact Brief

National Headquarters  
3725 Alexandria Pike  
Cold Spring, KY 41076  
(859) 441-7300  
Toll Free (888) 426-2838

National Service and  
Legislative Headquarters  
807 Maine Avenue, S. W.  
Washington, D.C. 20024  
(202) 554-3501

Select one:  Department/Chapter Service Office  Hospital Service Coordinator  Mobile Service Office  
 National Service Office  Transition Service Office

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ VA Claim # \_\_\_\_\_

DAV Member  Yes  No If Yes, Membership # \_\_\_\_\_ % of Disability (s) \_\_\_\_\_

Branch of Service \_\_\_\_\_ EAD \_\_\_\_\_ RAD \_\_\_\_\_

Enrolled in eBenefits  Yes  No Filed claim in SEP  Yes  No

Action Desired \_\_\_\_\_

\_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_

VA Forms  21-22  21-526ez  21-4138  21-686c  28-1900  26-1880  10-10ez

Other \_\_\_\_\_

Prepared & Submitted By:

Received & Reviewed By:

\_\_\_\_\_  
*Name and Title*

\_\_\_\_\_  
*Name and Title*

Instructions: Send the original with any necessary documentation to the DAV National Service Office located at the VA office where the veteran's records are maintained. This form should be completed in all cases where a service inquiry is taken and referred to the DAV National Service Office.