

(CHECK ONE BOX PER APPLICATION)

- WORLD WAR II DESERT STORM
- KOREAN GLOBAL WAR ON TERRORISM
- VIETNAM

DVA FILE # _____

STATE OF ILLINOIS
DEPARTMENT OF VETERANS' AFFAIRS

APPLICATION FOR VETERAN'S COMPENSATION
By Living Veteran

I, _____
 (Last Name) (First) (Middle) (SSN) (Branch of Service) (Serial Number)

The name under which I entered the service (if different from above) was _____

Present mailing address _____
 (Number) (Street) (City or Town) (County) (State) (Zip Code)

do hereby make application for the Illinois Veterans' Compensation for my service from

_____, _____ to _____, _____
 (Month) (Day) (Year) (Month) (Day) (Year)

as evidence by my enclosed copy of Report of Separation (DD Form 214)

- I was awarded the Korean Service Medal Vietnam Service Medal Armed Force Expeditionary Medal-Vietnam
 Southwest Asia Service Medal Global War on Terrorism Expeditionary Medal Global War on Terrorism Service Medal
 Afghanistan Campaign Medal Iraq Campaign Medal

Global War on Terror only: must have served at least 30 consecutive or 60 nonconsecutive days foreign or sea service.

I entered active service from _____ on: _____
 (City) (State) (Date)

I was separated from active service at _____
 (Post, Camp or Station)

My place and date of birth was _____
 (City) (County) (State) (Month) (Day) (Year)

My type of separation from active service was honorable _____ under honorable conditions _____

I was a resident of Illinois for _____ years and _____ months immediately prior to entry into the Armed Forces of the United States

At time of entry into active service I was residing at _____
 (Number) (Street)

 (City or Town) (County) (State)

My address at time of separation from service (Permanent address) was _____
 (Number) (Street)

 (City or Town) (County) (State)

-IMPORTANT NOTICE-

This state agency is requesting disclosure of information necessary to accomplish the statutory purpose of Ch. 122, 30-14.2. Disclosure is REQUIRED: failure to provide this information will prevent the claim from being processed. This form has been approved by the Forms Management Center.

I have/have not applied for and/or received a bonus or similar payments from another State on account of my service.

If "have" what State? _____

For World War II Veterans only: Compensation show total active service from September 16, 1940 to September 2, 1945.

ACTIVE DOMESTIC SERVICE (EXCLUDING ALASKA)

ACTIVE FOREIGN SERVICE (INCLUDING ALASKA)

Month's _____ Days _____

Months _____

Days _____

I hereby certify that statements on page 1 are true and correct to the best of my knowledge and belief

(Signature of Applicant)

(Email)

(Telephone Number)

Do not write below this line

THIS SECTION FOR DVA USE ONLY

DEPARTMENT OF VETERANS' AFFAIRS

I hereby certify that the within claim has been examined and is hereby certified for payment of \$ _____ for service in the Armed Forces of the United States, as provided by the Illinois Veterans' Compensation Act.

Examined and Verified by: _____

Dated: _____

(WW II VETERANS ONLY)

ACTIVE DOMESTIC SERVICE

ACTIVE FOREIGN SERVICE

Months of Service _____

Months of Service _____

Days of Service _____

Days of Service _____

Amount Due _____

Amount Due _____

TOTAL AMOUNT DUE _____

Examined by: _____

Date: _____

APPLICATION PROCEDURE

1. Complete application
2. Submit a copy (ies) of Veteran's separation or discharge(s).
3. Mail completed application to:

**IL Dept. of Veterans' Affairs
833 South Spring St.
Springfield, Illinois 62704**

A separate application must be submitted for each era checked on page 1