

## Personal Details

<b>1</b>	<b>Veterans' Affairs number (if known)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>2</b>	<b>Title</b>	<b>Rank</b>	<input type="text"/>	Mr	<input type="text"/>	Mrs	<input type="text"/>	Ms	<input type="text"/>	Other	<input type="text"/>
<b>3</b>	<b>Last name</b>	<input type="text"/>									
<b>4</b>	<b>First name/s</b>	<input type="text"/>									
<b>5</b>	<b>Other name/s known as</b>	<input type="text"/>									
<b>6</b>	<b>Date of birth</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>					
<b>7</b>	<b>Residential Address</b>										
<input type="text"/>											
<input type="text"/>											
Country (if not New Zealand)						Post Code					
<b>8</b>	<b>Postal Address</b> (if different from residential address)										
<input type="text"/>											
<input type="text"/>											
Country (if not New Zealand)						Post Code					
<b>9</b>	<b>Other Contact Details</b>										
Home Phone					Work Phone						
Mobile Number					E-mail Address						
<b>10</b>	<b>Relationship Status</b>	<input type="checkbox"/>	Married	<input type="checkbox"/>	De facto	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Single
If you are in a relationship please complete your partner's details below											
Name											
Address											
Contact Details											
Date relationship started											
<b>11</b>	<b>Next of kin details</b> Please provide contact details of a next of kin <b>not living at your address</b>										
Name											
Address											
Contact Details											
Relationship to veteran											

**12 Executor of Estate Details**

Name:	
Address:	
Contact Numbers:	Post Code

**13 GP Details**

Name & Name of Practice	
Address	
Contact Numbers:	Post Code

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**Send your completed form to the address below, or scan and email it to: [veterans@nzdf.mil.nz](mailto:veterans@nzdf.mil.nz)**

Veterans' Affairs  
PO Box 5146  
WELLINGTON 6140

## Privacy Statement

### You can read our full privacy statement on our website

Your personal information is managed in accordance with the privacy statement on our website:

- [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)

If you would like a copy of this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

### Signature

This form must be signed either by the claimant or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

- Power of Attorney or Enduring power of Attorney (in relation to Property)
- Certificate of Administration (from the Public Trustee)

### I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- I have read and understood the Privacy Statement for Forms on [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs, held by any doctor or health practitioner or named agencies, or service providers, or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014.

## Signature | Please sign

### Claimant or authorised person

Claimant or authorised person name

Claimant or authorised person signature

D D / M M / Y Y Y Y

### Helper | Complete this section if you've helped the claimant to complete this form.

Helper name

Helper's relationship to claimant