

# Registration of Deceased Viet Nam Veterans

In the agreement with the RNZRSA and the EVSA the government agreed to the development of a register of Viet Nam veterans and their families. The purpose of this register is to enable the provision of information to the families of Viet Nam veterans and to assist with the monitoring of the trends in the health and well being of the veterans and their families.

Part 1 Your Details						
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other
Full Name:						
Other names you may be known as:						
Postal Address:						
Daytime Telephone Number:				Fax Number:		
Email Address:						
Relationship to the Veteran						

I am willing to have my contact details made available to the Viet Nam Veterans and their Families Trust to enable the Trust to send me information about the support they are able to make available.

**Part 2 Veterans Details**

<b>Title</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other
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Full Name:

Other names the veteran may have been known as or have been enlisted under:

Date of Birth:	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Date of Death:	Cause of Death:
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**Ethnicity** The reason for collecting ethnicity data is to enable the identification of any health or wellbeing issues that are common to specific groups. Please tick the boxes that indicate the veteran's ethnicity.

NZ European <input type="checkbox"/>	NZ Māori <input type="checkbox"/>	Samoan <input type="checkbox"/>	Cook Island Maori <input type="checkbox"/>	Tongan <input type="checkbox"/>
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Niuean <input type="checkbox"/>	Tokelauan <input type="checkbox"/>	Pacific Islander Other (please state)
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Other (please state)	Do not wish to answer <input type="checkbox"/>
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**Part 3 Details of Service**

<b>Which Service did the veteran serve with?</b>	Navy <input type="checkbox"/>	Army <input type="checkbox"/>	Air Force <input type="checkbox"/>	Civilian <input type="checkbox"/>
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If the person you are registering was a civilian who was he/she employed by?

Service Number/s

Date of Enlistment	Date of Discharge
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**Details of the veterans Service in Viet Nam**

The dates of the start of Service	The dates of the End of Service	Unit

**Deployments**

In addition to Service in Viet Nam we are interested in any other deployments the veteran was involved in. This gives us an idea of the number of NZ Service personnel who have been involved in multiple deployments and the nature of those deployments.

Please indicate any other war, emergency or peacekeeping operation that the veteran may have been deployed to.

**Part 4****Issues**

Was the veteran in receipt of a War Disablement Pension at the time of death  Yes  No

War Disablement Pension Number:

**Presumptive List**

Please tick the boxes that indicate any medical conditions from the Institute of Medicine of the United States National Academy of Science lists that the veteran was diagnosed with.

Disabilities from the Institute of Medicine of the United States National Academy of Science Sufficient Evidence of an Association list.

Chronic lymphocytic leukaemia  Soft-tissue sarcoma

Non-Hodgkins lymphoma  Hodgkins Disease  Chloracne

Disabilities from the Institute of Medicine of the United States National Academy of Science Suggestive Evidence of an Association' Lists

Respiratory cancer (of lung or bronchus, larynx, and trachea)  Prostatic Cancer

Multiple Myeloma  Porphyria cutanea tarda  Type 2 diabetes

Acute and subacute transient peripheral neuropathy

**Other Issues**

In order to ensure that we have the necessary services in place, we would like some information on the issues the veteran faced as a result of Service in Viet Nam.

Please outline any physical or psychological health issues the veteran experienced as a result of Service in Viet Nam.

Please outline any other problems the veteran experienced as a result of Service in Viet Nam e.g. homelessness, employment issues, social adjustment.

Please return this form to: Veterans' Affairs New Zealand,  
PO Box 5146, Wellington

**Part 5** For Veterans' Affairs New Zealand use only

**Administration**

Date of receipt:

Date of Acknowledgement:

Data entered into the register:

Follow Up Action Taken:

## 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