



Contact Brief

National Headquarters
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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.