

Please Affix Recording Label Here



Niagara County Veterans Service Agency
175 Hawley Street, Rm 100D
Lockport, NY 14094

PERSONAL INFORMATION

Name: _____

Social Security# _____

Address: _____

Phone: _____

Email: _____

Next of Kin: _____

SERVICE INFORMATION

Branch: _____

Date of Entry: _____

Date of Separation: _____

Relationship to Veteran: _____

I, _____, give my consent for Niagara County Veterans Service agency to contact me if they feel I may be entitled to any benefits related to my service.

Signature: _____ Date: _____

Print: _____