

Form 5-Fully Developed Claim Certification

This form is to be used with VA form 21-527EZ and VA form 21-534 (Death Pension Only)

FULLY DEVELOPED CLAIM CERTIFICATION (PENSION AND DEATH PENSION)

Name Of Veteran _____

Name of Claimant _____

Date _____

Claim Number _____

Social Security Number _____

Your signature on this response will not affect:

- Whether or not you are entitled to VA benefits;
- The amount of benefits to which you may be entitled;
- The assistance VA will provide you in obtaining evidence to support your claim; or
- The date any benefits will begin if your claim is granted.

I have enclosed all the information or evidence that will support my claim to include identifying records from Federal treating facilities, or I have no information or evidence to give VA to support my claim. Please decide my claim as soon as possible.

Claimant or Representative's Signature _____

SIGN HERE

Date _____