

VA – NEAREST LIVING RELATIVE STATEMENT

The Veterans Administration requires that we obtain from you the name, address and phone number of your nearest living relative. Please complete the blanks below:

Relative's
Full Name: _____

Relationship: _____

Complete Street
Address: _____

Phone: _____

I certify that the above person is my nearest living relative.

BORROWER DATE

BORROWER DATE

BORROWER DATE

BORROWER DATE