

Buddy Statement (Lay / Witness Statement)

In support of a VA disability claim. Similar information to VA Form 21-10210.

Veteran information

Veteran's full name: _____

Last 4 of SSN or VA file number (optional): _____

Condition(s) this statement supports: _____

Your information (the witness)

Full name: _____

Address: _____

Phone: _____

Email: _____

Relationship to the veteran: _____

How long you have known the veteran: _____

If you served with the veteran: your branch, unit, rank, and dates you served together.

Service details (if applicable): _____

What I personally observed

Describe only what you saw or heard yourself. Be specific: dates (approximate is okay), places, units, and what happened. For current symptoms, describe how often, how severe, and real examples of how the condition affects the veteran's daily life, work, and sleep. Don't give medical diagnoses or say what caused the condition.

Certification

I certify that the statements above are true and correct to the best of my knowledge and belief. I understand that knowingly making a false statement to the Department of Veterans Affairs may be punishable under federal law.

Signature of witness: _____

Printed name: _____

Date: _____

Template provided by Advocates for Benefits (advocatesforbenefits.com), led by a VA-accredited claims agent. Not a law firm; not legal advice. VA also accepts lay statements on VA Form 21-10210 (Lay/Witness Statement) and VA Form 21-4138 (Statement in Support of Claim). Use your own words; remove the gray guidance text before signing.