

Personal Statement in Support of Claim

For the veteran's own statement. Can be submitted as-is or transferred to VA Form 21-4138 or 21-10210.

Veteran information

Full name: _____

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

Phone / Email: _____

1. Condition(s) claimed

Condition: _____

2. What happened in service

When and where. What happened, who saw it, any treatment, profiles, or duties that caused wear and tear.

3. Since service

When symptoms continued or started after service. Treatment, doctors, and medications over the years.

4. My symptoms today

How often, how severe, how long they last. Flare-ups (how often, how long, what you can't do). Medications and side effects.

5. How it affects my life

Work (missed days, accommodations, jobs lost), sleep, family, driving, chores, hobbies. Use concrete examples.

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 veteran: _____

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.