



Veterans of Foreign Wars, Department of New Jersey

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**APPOINTMENT OF THE VETERANS OF FOREIGN WARS AS REPRESENTATIVE**

CLAIMANT'S INFORMATION (If other than veteran)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP TO THE VETERAN: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

VETERAN'S INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

VETERAN'S SOCIAL SECURITY NUMBER (SSN) \_\_\_\_\_

VETERAN'S DATE OF BIRTH \_\_\_\_\_

NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE VFW:

(This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)

LIMITATION OF CONSENT- I authorize disclosure of records related to treatment for all conditions listed below except:

\_\_\_\_\_

This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with the VFW to the address above; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization is not my appointed fiduciary.

Initial(s) of claimant and/or veteran \_\_\_\_\_

SECTION IV: AUTHORIZATION INFORMATION

I, the claimant and/or veteran, hereby appoint the VFW as my representative to advocate on my behalf for the following issue(s):

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I understand that the VFW will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the veterans' service organization I have appointed as my representative may revoke this appointment at any time.

SIGNATURE OF VETERAN OR CLAIMANT

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DATE SIGNED (MM/DD/YYYY) \_\_\_\_\_

SIGNATURE OF VFW REPRESENTATIVE

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DATE SIGNED (MM/DD/YYYY) \_\_\_\_\_