



APPLICATION FOR PARALYZED VETERANS' PENSION

Privacy Act Statement: The information requested on this form includes the applicant's Social Security Number. This information is solicited under 51 Pa. C.S. 7702. It will be used for routine uses within the Department of Military and Veterans Affairs and also be disclosed to other state, federal or local agencies as required to process the application. Disclosure is voluntary but if the information is not provided we may not be able to process your application.

Eligibility Requirements:

1. Applicant must have suffered an injury or incurred a disease resulting in the loss or loss of use of two or more extremities (arms/hands or legs/feet) as a result of his or her performance of duties connected with their military service.
2. Applicant must have been discharged from the armed forces of the United States under honorable conditions.
3. Applicant must have been a legal resident of Pennsylvania at time of entry into the armed forces of the United States.

NOTICE: At death of Veteran, Pension does not pass on to Spouse.

Documentation required: INCOMPLETE APPLICATIONS WILL BE RETURNED

- DD214
- VA Form 3288
- Rating decision or code sheet

PRINT CLEARLY OR TYPE ALL INFORMATION

1. NAME (Last, First, Middle or Initial)	2. DATE COMPLETED
4. CURRENT MAILING ADDRESS (No. & Street, City, State & Zip Code)	3. TELEPHONE #
6. VETERANS ADMINISTRATION CLAIM #	5. COUNTY
8. SOCIAL SECURITY NUMBER	7. SERVICE OR SERIAL NUMBER
10. DATES OF MILITARY SERVICE	9. BRANCH OF SERVICE
11. DATE APPLICANT WAS INJURED OR INCURRED DISEASE RESULTING IN LOSS OF, OR LOSS OF USE OF, TWO OR MORE	

EXTREMITIES

The undersigned applicant hereby certifies, under penalty of law, that the foregoing information is true and correct to the best of his/her knowledge and belief. The applicant understands that providing false information is a crime punishable under the Pennsylvania Crime Code (18 Pa. C.S. 4904).

NAME OF PERSON HOLDING POWER OF ATTORNEY OR LEGAL GUARDIAN (if applicable)	SIGNATURE OF APPLICANT
	SIGNATURE OF WITNESS