

Please Affix Recording Label Here



NIAGARA COUNTY VETERANS SERVICE AGENCY  
111 Main St., Suite 200  
Lockport, NY 14094

---

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Social Security# \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

**SERVICE INFORMATION**

Branch: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Relationship to Veteran: \_\_\_\_\_

I, \_\_\_\_\_, give my consent for Niagara County Veterans Service agency to contact me if they feel I may be entitled to any benefits related to my service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_