



## WISCONSIN WOMEN VETERANS INFORMATION

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Completion of this form will allow the Wisconsin Department of Veterans Affairs (WDVA) to locate and provide information on benefits and events of interest to women veterans in the State of Wisconsin.

### Personal Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Present Address \_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip Code) (County)*

E-mail Address \_\_\_\_\_

Day Phone # ( ) \_\_\_\_\_ Evening Phone # ( ) \_\_\_\_\_

Date of Birth / / \_\_\_\_\_

If you have applied for any WDVA benefit in the past, please check which one(s):

Loan  Grant  Other

### Military Information

Name You Served Under *(if different from above)* \_\_\_\_\_

SS # \_\_\_\_\_ *(Optional)* Service # *(if different from SS #)* \_\_\_\_\_

Place of Entry *(City & State)* \_\_\_\_\_

Branch of Service \_\_\_\_\_

Date of Entry / / \_\_\_\_\_ Date of Discharge / / \_\_\_\_\_

Do you wish to receive future mailings? *(check one)* Yes  No

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Return To: Women Veterans Coordinator *(address above)*  
womenvets@dva.state.wi.us