



NEW JERSEY DEPARTMENT OF VETERANS AFFAIRS APPLICATION FOR VETERAN DESIGNATION FOR PENSION

INSTRUCTIONS

Please print or type all answers. Complete the first section and any other section(s) that apply to you. Sign your name at the bottom. Please mail or email this form and supporting documents to NJ Department of Veterans Affairs, ATTN: DVS-VBB, P.O. Box 340, Trenton, NJ 08625-0340, or by email: VBB@dva.nj.gov.

Please submit the following documents along with your application:

- **DD214, showing character of service***

*If you do not have Form DD214, a copy can be obtained from the National Personnel Records Center. If your records have been destroyed, a letter from the National Personnel Records Center attesting to the destruction of your records and a notarized statement indicating the dates of active service, branch rank and type of discharge must be submitted.

1. Name (Last, first, middle initial - Please Print)		2. Social Security Number	
3. Address Street _____ City _____ State _____ Zip Code _____		4. Email _____ 5. County _____	
6. Phone _____		7. Branch _____	
		8. Rank _____	
9. Date Starting Active Duty _____		10. Date Ending Active Duty _____	
		11. Service connected disability percentage _____ %	

12. Retirement System: (check block that applies to retirement system that you are enrolled in)	
☐ Teachers' Pension and Annuity Fund (TPAF)	
☐ Public Employees' Retirement System (PERS)	
☐ Police and Firemen's Retirement System (PFRS)	

13. Remarks (Optional)	

28. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).		YES ☐	NO ☐
29. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.			
☐ American Indian or Alaska Native	☐ Black or African American	☐ White	
☐ Asian	☐ Native Hawaiian or Other Pacific Islander		

CERTIFICATION: I certify that the statements made by me to the foregoing questions are true to the best of my knowledge and belief. If any of the statements in the application is false, I am aware that I am subject to criminal proceedings

YOUR SIGNATURE _____ DATE _____