



**GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS
OFFICE OF VETERANS AFFAIRS**



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PERSONAL DATA SHEET

Name of Veteran	
Branch of Service	
Rank at End of Service	
Dates of Military Service	
Registered w/ VA Clinic	Y or N
Date of Birth (MM/DD/YYYY)	/ /
Last 4 of SSN	
Occupation	
Physical Address	
Mailing Address	
Home Phone Number	
Cellphone Number	
Email Address	
Marital Status	
Next of Kin	
Date of form completion	