



YATES COUNTY VETERANS SERVICE AGENCY

117 Liberty Street, Suite 1112

Penn Yan, NY 14527

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 Yates County Veterans Service Agency to contact me if they feel I may be entitled to any benefits related to my service.

Signature: _____

Date: _____

Print: _____