



AMERICAN SAMOA GOVERNMENT

OFFICE OF VETERANS & MILITARY AFFAIRS
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PULAALI'NI NIKOLAO PULA
Governor

IGAFO MARIA B. TOGIA
Director of Veterans & Military Affairs

PULU AE AE JR
Lieutenant Governor

Arrianna Princess Auva'a
Deputy-Director of Veterans & Military Affairs

Veterans Registrarion Form

Date: _____

Name: _____
Last First MI

Date of Birth: _____
M / D / YR

Sex: Male/Female
☐ ☐

SSN#: _____

Email: _____

P.O Box: _____

Street Address: _____

City/Village: _____

State/Country: _____ Zip Code: _____

Telephone #: Home: _____

Work: _____

Mobile: _____

Branch of Service: _____

Rank: _____

Date Enlisted: _____

Date of Discharge: _____ Type of Discharge _____

Disability: YES NO

If Yes: _____%

Spouse Name: _____

Dependents: YES NO

How many? _____

1. _____ DOB: _____ 5. _____ DOB: _____

2. _____ DOB: _____ 6. _____ DOB: _____

3. _____ DOB: _____ 7. _____ DOB: _____

4. _____ DOB: _____ 8. _____ DOB: _____

IN CASE OF EMERGENCY

Contact: _____ Relation: _____

Telephone #: Home: _____ Work: _____ Mobile: _____

Comment: _____
