Please fill out the necessary information which is required from the
"VA FORM 0711 REQUEST FOR PERSONAL IDENTITY VERIFICATION"

PRINT CLEARLY

Name: (Last, First, MI): _____

Date of Birth (XX/XX/XXXX): _____

Social Security Number (XXX-XX-XXXX): _____

Mobile phone (XXX-XXX-XXXX): _____

Email:_____

Name of VA Supervisor (*If assigned*):_____

Gender: ☐ Male ☐ Female

Race: (*choose one only*) ☐ American Indian ☐ Caucasian ☐ Hispanic
☐ Black-Non-Hispanic ☐ Asian/Pacific Islander

Height (X'X"): _____

Weight (pounds): _____

Eye color: (*choose one only*) ☐ black ☐ blue ☐ brown ☐ multicolored
☐ green ☐ hazel ☐ gray

Hair color: (*choose one only*) ☐ black ☐ blonde ☐ brown ☐ gray ☐ red
☐ white ☐ none

Place of Birth (*CITY and STATE*): _____