

REQUEST FOR CHANGE OF ADDRESS

Date _____, 194__

To: VETERANS ADMINISTRATION,

(Location)

Identification No. _____
(C, XC, A, I, K, N, V, Service)

Full name of payee _____

Name, rank, and organization
of veteran (or person in service) _____
(Name may be omitted if same as payee)

You are advised that my address has been changed as indicated below:

Old _____
(Street and number) (City or town, zone number) (State)

New _____
(Street and number) (City or town, zone number) (State)

It is requested that all mail addressed to me be forwarded to my new address as shown above.

Respectfully,

Return to VRR

(Signature)