



Te Tira Ahu Ika A Whiro
VETERANS'
AFFAIRS
New Zealand

1 What is your SWN or Client Number? (You can leave this blank if you don't know)

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2 What is your full name?

First name

Middle names

Family name

3 What is your date of birth?

/ / (DD/MM/YYYY)

4 Important — You need to **attach** a copy of your birth certificate.

☐ I have **attached** a copy of my birth certificate

5 Are you the biological child of a Viet Nam, Jayforce, Grapple, or Mururoa veteran?

☐ Yes

☐ No

6 Were you conceived after their return from this service?

☐ Yes

☐ No

7 Do you have any of the following health conditions?

- ☐ Acute myeloid leukaemia
- ☐ Adrenal gland cancer
- ☐ Cleft lip
- ☐ Cleft palate
- ☐ Spina bifida manifesta

8 Residential address. Where do you live?

Street address	<input type="text"/>		
Suburb	<input type="text"/>		
City	<input type="text"/>		
Country	<input type="text"/>	Postcode	<input type="text"/>

Street address	<input type="text"/>		
Suburb	<input type="text"/>		
City	<input type="text"/>		
Country	<input type="text"/>	Postcode	<input type="text"/>

9 Is your postal address different from where you live?

☐ No

☐ Yes

⇒ Please enter your postal address below ↩

Street address

Suburb

City

Country Postcode

☐ No

☐ Yes

⇒

Please enter your postal address below

↩

Street address

Suburb

City

Country

Postcode

10

Your contact details

Email

Home phone

Mobile

Email	<input type="text"/>		
Home phone	<input type="text"/>	Mobile	<input type="text"/>

Serving parent's personal details

11 What is their SWN or Client Number? (You can leave this blank if you don't know)

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$$\square\square\square - \square\square\square - \square\square\square$$

12 What is their full name?

First name	<input type="text"/>
Middle names	<input type="text"/>
Family name	<input type="text"/>

First name	<input type="text"/>
Middle names	<input type="text"/>
Family name	<input type="text"/>

13 What is their date of birth?

/ / (DD/MM/YYYY)

/ / (DD/MM/YYYY)

14 Where did your parent serve?

<input type="checkbox"/> Viet Nam	<input type="checkbox"/> Operation Grapple
<input type="checkbox"/> Jayforce	<input type="checkbox"/> Mururoa

☐ Viet Nam
 ☐ Operation Grapple
☐ Jayforce
 ☐ Mururoa

15 Is this parent currently alive?

☐ Yes

☐ No

16 Parent's contact details (if still living)

Email

Home phone

Mobile

Child's GP details (if known)

17 GP name

Practice name

Practice address

Phone

Email

Genetic Counsellor and Genetic Testing details (if known)

18 Counsellor's name

Practice name

Practice address

Phone

Email

How to apply

- Download, scan, or take photos of the completed form and birth certificate and email to: **veterans@nzdf.mil.nz**, or
- Post the completed form and copy of your birth certificate to:
Veterans' Affairs, PO Box 5146, Wellington 6140

Sign the next page



Privacy Statement

Privacy Statement

Your personal information is managed in accordance with the privacy statement on our website:

- www.va.mil.nz/privacy

If you would like a copy of this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

Signature

This form must be signed either by the claimant or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

- Power of Attorney or Enduring power of Attorney (in relation to Property)
- Certificate of Administration (from the Public Trustee)

I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- Veterans' Affairs will use my personal information in accordance with their Privacy Statement available on this website: www.va.mil.nz/privacy
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs or by or to named agencies held by any doctor or health practitioner or named agencies, or service providers (such as ACC), or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veterans' Support Act 2014
- I have read the obligations stated within this form.

Signature | Please sign

Claimant or authorised person

Signature of claimant or authorised person:

Today's date: (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First names:

Surname:

Helper | Complete this section if you've helped the claimant to complete this form.

Helper's relationship to claimant:

First names:

Surname: