

# Personal Information and Consent Form

## Your personal information

**1** What is your title?

 Mr Mrs Ms Miss

Other

**2** What is your full name?

First name

Middle names

Family name

Preferred name

**3** What is your date of birth?

 /  /  ( DD/MM/YYYY )

**4** What ethnic group do you most identify with?

European

Māori

Pacific Peoples

Asian

Other

Prefer not to answer

**5** Where do you live?

Street address

Suburb

City

Country

Postcode

**6** What is your Veterans' Affairs number (if known)?

## Your personal information continued

**7** Is your postal address different from where you live?

No

Yes



Please enter your postal address below



Street address

Suburb

City

Country

Postcode

**8** What are your contact details?

Email

Homephone

Mobile phone

## Your relationship status

**9** What is your relationship status?

Married

De facto

Widowed

Divorced

Single

**10** If you're in a relationship, provide information about your partner

Full name

Address

Contact details

Date relationship started

 /  /  ( DD/MM/YYYY )

## Next of kin information

**10** Provide information for a next of kin **who does not live at your address**

Full name

Address

Contact details

Relationship to veteran

## Executor of Estate information

### 11 Provide information for your Executor of Estate

Full name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Contact details	<input type="text"/>

## GP information

### 12 Provide information about your GP

Name	<input type="text"/>
Name of practice	<input type="text"/>
Address	<input type="text"/>
Contact details	<input type="text"/>

## Additional information

### How to send the form

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

### Contact us

- New Zealand freephone 0800 483 8372
- Australia freephone 1800 483 837
- Rest of the world +64 4 495 2070
- Or email us at **veterans@nzdf.mil.nz**

For more information visit our website [www.veteransaffairs.mil.nz](http://www.veteransaffairs.mil.nz)

**Read and sign the Privacy and Consent Statement on the next page**



## Privacy Statement

### You can read our full privacy statement on our website

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

- [www.va.mil.nz/privacy](http://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
- I have read and understood the Privacy Statement for Forms on [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs, held by any doctor or health practitioner or named agencies, or service providers, 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 Veteran's Support Act 2014.

## Signature | Please sign

### Claimant or authorised person

  
Claimant or authorised person name  
Claimant or authorised person signature /  /   
D D / M M / Y Y Y Y

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

  
Helper name  
Helper's relationship to claimant