



CIVIL DISASTER CLAIM APPLICATION

Name: _____

Membership No. _____ Member Since: _____

Auxiliary and District No.: _____

Current Address: _____

Home Number: _____ Cell: _____

Email _____

Give brief description of loss (including date and attach official report of damage):

If the Member was forced to evacuate their home and area, but sustained no actual damage to their home, but incurred costs for lodging, submit copies of receipts for lodging.

Address where check should be mailed: _____

Printed name and signature of person validating this:

(Printed Name)

Signature

Date: _____

Mail this form to: **VFW Auxiliary**
Department Headquarters
9136 Elk Grove Blvd. – Suite 101
Elk Grove, CA 95624
(916) 509-8724
