



Pennsylvania Veterans Registry

This application allows veterans, family members and people who work with veterans to connect with DMVA to request information related to the valuable state benefits, programs and services offered.

Please complete online (register.dmv.pa.gov) or provide your information below and mail to the Department of Military and Veterans Affairs, ATTN: Veterans Registry, Bldg. 0-47 Fort Indiantown Gap, Annville, PA 17003.

Name (First, Middle, Last): _____

Street Address: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

County: _____ Phone Number: _____

Email: _____ Agency Referring Veteran: _____

Have you served in the armed forces of the United States? Yes No

Do you have a copy of your DD214 or discharge document? Yes No

Sex: Male Female No Preference Age (Optional) _____

Would like to know more about Benefits, Services or Programs pertaining to:

- Compensation/Pension Claims
- DD214
- Disabled Veterans Real Estate Tax Exemption
- Veterans Temporary Assistance
- Blind Veterans Pension
- Educational Gratuity
- Amputee and Paralyzed Veterans Pension
- Persian Gulf Conflict Veterans Bonus
- State Veterans Homes
- PA Veterans Trust Fund
- Honoring Our Veterans License Plate / Driver's License and ID Card Veterans Designation
- Military Family Relief Assistance Program
- County Directors of Veterans Affairs
- PA Veterans Memorial

Check this box if you'd like to receive ongoing communications from DMVA, including newsletters, breaking news, and other updates.

By checking this box, you are granting permission for DMVA to share your information with the county director of veterans' affairs for the county you indicated on this registry (if you live in Pennsylvania) and/or other Commonwealth of Pennsylvania agencies to ensure Pennsylvania provides you with all the programs and services you have earned.

____ Initial if you are **NOT** granting permission for DMVA to share your information with the county director of veterans' affairs for the county you indicated on this registry (if you live in Pennsylvania) and/or other Commonwealth of Pennsylvania agencies to ensure Pennsylvania provides you with all the programs and services you have earned.

Veteran's Signature: _____

Print Name: _____ Date: _____