



**VFW Department of California**  
9136 Elk Grove Blvd., Suite 100  
Elk Grove, CA 95624  
Phone: (916) 509-8712 Fax: (916) 509-8720

## **DISASTER CLAIM APPLICATION**

NAME: \_\_\_\_\_

MEMBERSHIP NO. \_\_\_\_\_ MEMBER SINCE \_\_\_\_\_

POST & DISTRICT NO. \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

GIVE BRIEF DESCRIPTION OF LOSS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 CLAIM

\_\_\_\_\_  
(PRINTED NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)