



VFW Department of California
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Elk Grove, CA 95624
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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)