

Confirmation of Veteran Disability Status

Date:

To Whom It May Concern,

This letter is to confirm that the individual named below is a veteran and has been recognized as having a service-connected disability.

Veteran's Name:

Veteran's ID Number:

Branch of Service:

Disability Rating:

Date of Determination:

If you require any further information, please contact our office.

Sincerely,

Authorized Official