

Hoosier Women Veterans Registry



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Home of record at time of entry in to the armed forces: _____

Branch of Service (Circle one): USA ___ USMC ___ USN ___ USAF ___ ANG ___ USCG ___
USAR ___ USMCR ___ USNR ___ USAFR ___ ARNG ___ USCGR ___

Are you currently registered with Women in Military Service for America Memorial in Washington DC?

Yes: ___ No: ___

If you are not registered would you be interested in registering?

Yes: ___ No: ___

Service Dates: _____

Receiving VA or Medical Benefits: Yes: ___ No: ___

(i.e. pension, comp., medical, etc.)

Have received benefits in the past: Yes: ___ No: ___

If yes, what benefit: _____

Would you like a County Veteran's Service Officer in your local area to contact you to explain your potential benefits? Yes: ___ No: ___ County: _____

Would you like to receive the quarterly newsletter from the Indiana Department of Veterans Affairs - IDVA Update - if so, please indicate whether you want it email or snail mail? _____

Do you wish to register for the 2010 Hoosier Women Veterans Conference scheduled for September 18, 2010?

Yes: ___ No: ___

Please return this to:

Indiana Department of Veterans Affairs

Ashley Roberts State Service Officer/State Women Veterans Coordinator

302 West Washington Street RM E-120

Indianapolis, IN 46204

317-232-3919 (Office)

317-232-7721 (Fax)

Or you may send via email to: ASRoberts@dva.in.gov