

# Guam Veteran Registry



“TO CARE FOR HIM WHO SHALL HAVE BORNE THE BATTLE, AND FOR HIS WIDOW AND ORPHAN”  
Abraham Lincoln

The information collected, recorded and submitted in this application is confidential and shall not be viewed or shared with outside parties from Guam Office of Veterans Affairs.

<b>HAVE YOU REGISTERED WITH THE GUAM OFFICE OF VETERAN AFFAIRS BEFORE?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE	
If you have registered previously, the purpose of this application is to update the information, Guam Office of Veteran Affairs has on your file. Please fill out as much information as possible.			
<b>NAME (Last, First, Middle)</b>			
<b>RANK</b>		<b>LAST 4 DIGITS OF SS #</b>	
<b>DATE OF BIRTH</b>			
<b>MAILING ADDRESS</b>			
<b>PHYSICAL ADDRESS (If different from mailing)</b>			
<b>E-MAIL</b>			
<b>HOME NUMBER</b>		<b>MOBILE NUMBER</b>	
<b>WORK NUMBER</b>		<b>ALTERNATE NUMBER</b>	

(Check all that apply)

	SERVICE TIME PERIOD		BRANCH OF SERVICE		CURRENT STATUS
<input type="checkbox"/>	WWI	<input type="checkbox"/>	U.S. Air Force	<input type="checkbox"/>	Active Duty
<input type="checkbox"/>	WWII	<input type="checkbox"/>	U.S. Air Force Reserve	<input type="checkbox"/>	Veteran
<input type="checkbox"/>	Korea	<input type="checkbox"/>	U.S. Air National Guard	<input type="checkbox"/>	Reservist
<input type="checkbox"/>	Vietnam	<input type="checkbox"/>	U.S. Army	<input type="checkbox"/>	National Guard
<input type="checkbox"/>	Iraq/Afghanistan/Persian Gulf	<input type="checkbox"/>	U.S. Army Reserve	<input type="checkbox"/>	Retiree
<input type="checkbox"/>	Iraqi Freedom	<input type="checkbox"/>	U.S. Army National Guard	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Enduring Freedom	<input type="checkbox"/>	U.S. Coast Guard		
<input type="checkbox"/>	Other:	<input type="checkbox"/>	U.S. Coast Guard Reserve		
		<input type="checkbox"/>	U.S. Marine Corps		
		<input type="checkbox"/>	U.S. Marine Corps Forces Reserve		
		<input type="checkbox"/>	U.S. Navy		
		<input type="checkbox"/>	U.S. Navy Reserve		
		<input type="checkbox"/>	U.S. Space Force		

**e-Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

“GUAM VETERANS REGISTRY,” [Public Law 32-101](#) - An act to add a new § 67110 to Chapter 67, Title 10, Guam Code Annotated, relative to recognizing the Office of Veterans Affairs as the official local agency for establishing and maintaining the “Guam Veterans Registry,” which shall be utilized for enumerating the population of veterans on Guam, and for the use of such information for increasing or acquiring necessary health care and other relevant services to benefit veterans and their families. I agree and understand that by signing the Guam Veterans Registry Form for the Guam Office of Veterans Affairs, that my electronic signature serves as the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.