

**NAVAJO NATION VETERAN'S ADMINISTRATION**

**VETERAN DOCUMENTS**

**DOCUMENTS NEEDED FOR VETERAN REGISTRATION**

- \_\_\_ **FY 2025 VETERAN'S REGISTRATION FORM**
- \_\_\_ **DD-214 (FORM 4)**
- \_\_\_ **COPY of CERTIFICATE of INDIAN BLOOD (CIB)**
- \_\_\_ **COPY of CURRENT DRIVER'S LICENSE or STATE ISSUED PHOTO I.D**
- \_\_\_ **COPY of SOCIAL SECURITY CARD**
- \_\_\_ **COPY of MARRIAGE CERTIFICATE / DIVORCE DECREE**
- \_\_\_ **CURRENT W-9 FORM**

**PLEASE DROP OFF, EMAIL, OR MAIL ALL REQUIRED DOCUMENTS TO YOUR RESPECTIVE AGENCY OFFICE**

**EASTERN AGENCY OFFICE**  
P.O BOX 570  
CROWNPOINT, NM 87313  
[NNVACrownpoint@navajo-nsn.gov](mailto:NNVACrownpoint@navajo-nsn.gov)  
(505) 786-2030

**CENTRAL ADMINISTRATION OFFICE**  
P.O. BOX 430  
Window Rock, AZ 86515  
[NNVACentral@navajo-nsn.gov](mailto:NNVACentral@navajo-nsn.gov)  
(928) 871-7307

**CHINLE AGENCY OFFICE**  
P.O BOX 1840  
Chinle, AZ 86503  
[NVAChinle@navajo-nsn.gov](mailto:NVAChinle@navajo-nsn.gov)  
(928) 674-2224

**FORT DEFIANCE AGENCY OFFICE**  
P.O BOX 1419  
Window Rock, AZ 86515  
[NNVAFORTD@navajo-nsn.gov](mailto:NNVAFORTD@navajo-nsn.gov)  
(928) 871-7307

**NORTHERN AGENCY OFFICE**  
P.O BOX 4106  
Shiprock, NM 87420  
[NNVASHiprock@navajo-nsn.gov](mailto:NNVASHiprock@navajo-nsn.gov)  
(505) 368-1014

**WESTERN AGENCY OFFICE**  
P.O BOX 1259  
Tuba City, AZ 86045  
[NNVATubaCity@navajo-nsn.gov](mailto:NNVATubaCity@navajo-nsn.gov)  
(928) 283-3030

Lori John, VSO [lajohn@navajo-nsn.gov](mailto:lajohn@navajo-nsn.gov)  
Eunice J. Hill, AMS [eunice.hill@navajo-nsn.gov](mailto:eunice.hill@navajo-nsn.gov)  
Ronda Lewis, HS [rhonalewis01@yahoo.com](mailto:rhonalewis01@yahoo.com)

EFFECTIVE DATE: 06/17/2024

NAVAJO NATION VETERANS ADMINISTRATION

EASTERN AGENCY

VETERAN – REGISTRATION FORM **FY 2025**

Chapter: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Census #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Phone#: \_\_\_\_\_ Msg. Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of NEXT OF KIN: \_\_\_\_\_ Phone #: \_\_\_\_\_

DECEASED SERVICE MEMBER: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ SPOUSE Census #: \_\_\_\_\_

Branch:	ARMY	NAVY	MARINE CORPS
	ARMY NATIONAL GUARD	AIR FORCE	COAST GUARD
Dates of Service:	_____		

**OFFICIAL NNVA USE ONLY**

**DD214: \_\_\_\_\_ DL/ID: \_\_\_\_\_ SS Card: \_\_\_\_\_ CIB: \_\_\_\_\_ MARRIAGE LICENSE / DIVORCE DECREE: \_\_\_\_\_**

**Intake Completed by: \_\_\_\_\_ Date: \_\_\_\_\_**

**Quality Review by: \_\_\_\_\_ Date: \_\_\_\_\_**

NAVAJO NATION VETERANS ADMINISTRATION

EASTERN AGENCY

VETERAN – REGISTRATION FORM **FY 2025**

**PLEASE PROVIDE A MAP TO YOUR RESIDENCE**

**-N-**

**-W-**

**-E**

**-S-**