

## HUNTING AND FISHING APPLICATION

TO: Oklahoma Dept. of Veterans Affairs  
Claims and Benefits Division  
125 South Main, Room 1B38  
Muskogee, OK 74401

Date: \_\_\_\_\_

I hereby authorize the Oklahoma Department of Veterans Affairs to obtain any and all information from the United States Department of Veterans Affairs to help process this application.

Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CLAIM/SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

DL#: \_\_\_\_\_

Phone: \_\_\_\_\_

% of  
Disability \_\_\_\_\_

( ) Service Connected

( ) Non-Service Connected