

STATE OF LOUISIANA  
Department of Civil Service  
P. O. Box 94111, Capitol Station  
Baton Rouge, Louisiana 70804-9111

## CLAIM FORM FOR VETERANS PREFERENCE FOR SPOUSE/PARENT

**Veterans:** Do NOT use this form to claim veteran's preference for yourself. Instead, submit a copy of your DD214 and, if applicable, a copy of your Veterans' Administration disability certification letter attached to a copy of your application for state employment **(SF-10)**.

**ALL APPLICANTS:** Only one person may receive veteran's preference points: the veteran, the spouse of the veteran, the unremarried widow/widower of the veteran, OR the parent of the veteran. This form is to be used ONLY by the: **spouse, unremarried widow or widower OR parent of a disabled or deceased veteran.**

**With this form, you must submit a copy of the veteran's DD214, any Veterans Administration statement of disability, a copy of your marriage certificate, a copy of the death certificate, if applicable, and your application.**

YOUR NAME (applicant):  SSN:

ADDRESS:  CITY:  STATE:  ZIP:

SIGNATURE \_\_\_\_\_ DATE

To the best of your knowledge, has anyone else (including the veteran) claimed preference for state employment based on the service of the veteran named below? Yes  No  If yes, list their names :

### VETERAN INFORMATION

Name of the veteran  SSN:

Branch of military service  Date of entry into service:

If veteran served during **peacetime only**, did he/she receive a campaign badge or service ribbon? Yes  No

In which campaign/action did he/she participate?

Has veteran applied within the past twelve months for employment with the state of Louisiana? Yes  No

Is the veteran deceased? Yes  No  If yes, the date of death

Is veteran receiving disability retirement from a branch of the armed forces? Yes  No

Does veteran have existing disability recognized by Veterans Administration as service connected? Yes  No

If yes, attach official statement from Veterans Administration, dated within the past 6 months, certifying disability.

Is veteran employed full-time? Yes  No  or part-time? Yes  No  Nature of employment before/after disability:

NOTE: For a spouse to receive preference, the disabled veteran must be unable to perform his/her usual occupation because of his/her disability. **A statement from the veteran's physician certifying this must be attached to this claim form.**

### SPOUSE INFORMATION

If you are the **spouse OR unremarried widow or widower** of a disabled or deceased veteran, answer these questions:

- Date of marriage
- Are you currently married to this veteran? Yes  No  If no, answer these questions:  
If you are divorced from the veteran, give the date of divorce   
If the veteran is deceased, were you married to him/her at the time of death? Yes  No   
Have you remarried? Yes  No

### PARENT INFORMATION

If you are a **parent** of a disabled or deceased veteran, answer these questions:

- Is the veteran your natural child  adopted child  stepchild
- Are you still married to the veteran's mother/father? Yes  No
- If divorced or widowed, have you remarried? Yes  No

All Applicants: Please be sure you have completed all information requested in the Veteran Information box above.