

# DEPARTMENT OF VETERANS AFFAIRS

## PIV Verification Personal Data Sheet

These documents or records (for information contained herein) are deemed confidential. This information shall not be transmitted to anyone without proper consent or other authorization as provided for by law or regulations. (36 U.S.C. 3305). This is a VA employment requirement.

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**Please answer the question below, as this information is required to obtain your VA Identification Badge.**

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

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

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

Nickname: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Race: \_\_\_\_\_

Eyes: \_\_\_\_\_

Hair: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Home e-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

(include city, state and zip): \_\_\_\_\_

Foreign National:       Yes       No

**Note: You must bring two forms of identification from the PIV Proofing Criteria identified on the attached form.**