



This form should be used by claimants to clarify a discrepancy in the information submitted with a claim. **If the VCF contacted you about a discrepancy with your claim, we cannot continue with the processing of your claim until you complete and return this form.**

You may mail, fax, or upload this form to your claim. If you need assistance completing this form, please call our toll-free Helpline at 1-855-885-1555.

Note: If you upload the completed form to your claim, select the “**Claim Information Resolution Form**” document type.

Victim Information (required)

VCF Claim Number: VCF _____ (input the 7 numbers after “VCF”)

Victim Full Legal Name: _____
First Name Middle Name Last Name

Victim Date of Birth (mm/dd/yyyy): _____

Victim Social Security Number: _____

If the victim is not a U.S. citizen, complete the fields below:

National ID Number: _____ Country of Citizenship: _____

Passport Number: _____ Passport Country: _____

Personal Representative Information (required if victim is deceased)

Personal Representative Full Legal Name: _____
First Name Middle Name Last Name

Date of Birth (mm/dd/yyyy): _____ Social Security Number: _____

If the Personal Representative is not a U.S. citizen, complete the fields below:

National ID Number: _____ Country of Citizenship: _____

Passport Number: _____ Passport Country: _____

Victim/Personal Representative Signature (required) – *By signing below, I authorize the VCF to make the necessary updates to my claim.*

The VCF does not accept electronic signatures. You must sign this form with an original signature.

Victim/Personal Representative Signature Date