

[Date]

[Full Name of Service Member]
[Social Security Number or Service ID]
[Branch of Service]
[Current Unit/Command Address]

TO: Department of Veterans Affairs
[Regional Office Address]

SUBJECT: Verification of Active Duty Status for VA Benefits

To Whom It May Concern,

This letter is to formally verify that [Service Member Full Name] is currently serving on active duty in the [Branch of Service].

The following information is provided for the purpose of [State Purpose, e.g., Certificate of Eligibility, VA Home Loan, Disability Claim]:

- **Current Rank:** [Rank]
- **Date of Entry into Active Duty:** [Month Day, Year]
- **Projected Separation Date:** [Month Day, Year, or "Indefinite"]
- **Type of Service:** [e.g., Title 10 Active Duty]
- **Lost Time:** [None / Specific Dates]

As of the date of this letter, the service member is in good standing and has no pending disciplinary actions that would affect their eligibility for benefits. They are currently assigned to [Unit Name] located at [Duty Station/Base].

If you require additional documentation or have further questions regarding this service member's status, please contact the undersigned at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Commanding Officer or Personnel Officer]
[Rank/Title]
[Unit/Organization Name]