



DEPARTMENT OF VETERANS AFFAIRS
Edward Hines, Jr. VA Hospital
5000 S. Fifth Avenue
Hines, IL 60141

This packet has been prepared to assist you and the Veteran's family with the Veterans Administration Burial Benefits.

Please share these forms and information sheets with the family when they are making arrangements so they are aware of benefits entitled to the deceased Veteran. The flag directions and form are to be given to the family member who is entitled to the flag, so they may have a reminder and are aware of the proper flag etiquette rules. (Flags are **ONLY** given for use at the burial ceremony.)

Along with the burial benefit brochure also are attached information papers for the following listed benefits and the forms:

1. Burial benefits application
2. Headstone marker application
3. Headstone marker reimbursement
4. Flag application, rules and folding instructions.
5. DD214 (discharge papers) application
6. Medallion headstone emblem instructions. (Use the headstone application form.)
7. Presidential memorial certificate application

A special note regarding Veterans that pass away at a VA Facility or while under VA contract at some hospice/nursing homes- the Veteran is entitled to partial or all transportation cost reimbursement for transportation of their remains from the VA facility to the funeral home and to final place of interment within the local area.

The dollar amount of all benefits are decided and paid thru the VA Regional Office. Mail all burial benefit forms to the nearest VA Regional Office. These payments may take up to four months for the check to be sent to the claimant. The telephone number for any burial benefit questions, or to check status of the burial benefit claim is 1-800-827-1000. Headstone forms are mailed to a different address. Check all forms for instructions in mailing.

For any survivor benefit questions you may visit the www.va.gov website or phone the VA Regional Office at 1-800-827-1000.

Kindest regards,

A handwritten signature in black ink, appearing to read "Deborah Zajac".

Deborah Zajac
Details Clerk

What Are VA Burial Allowances?

VA burial allowances are partial reimbursements of an eligible Veteran's burial and funeral costs. When the cause of death is not service related, the reimbursements are generally described as two payments: (1) a burial and funeral expense allowance, and (2) a plot or interment allowance.

Who Is Eligible?

You may be eligible for a VA burial allowance if:

- you paid for a Veteran's burial or funeral, **AND**
- you have not been reimbursed by another government agency or some other source, such as the deceased veteran's employer, **AND**
- the Veteran was discharged under conditions other than dishonorable.

In addition, at least one of the following conditions must be met:

- the Veteran died because of a service-related disability, **OR**
- the Veteran was receiving VA pension or compensation at the time of death, **OR**
- the Veteran was entitled to receive VA pension or compensation, but decided not to reduce his/her military retirement or disability pay, **OR**
- the Veteran died while hospitalized by VA, or while receiving care under VA contract at a non-VA facility, **OR**
- the Veteran died while traveling under proper authorization and at VA expense to or from a specified place for the purpose of examination, treatment, or care, **OR**
- the Veteran had an original or reopened claim pending at the time of death and has been found entitled to compensation or pension from a date prior to the date of death, **OR**
- the veteran died on or after October 9, 1996, while a patient at a VA-approved state nursing home.

How Much Does VA Pay?

Service-Related Death. VA will pay up to \$2,000 toward burial expenses for deaths on or after September 11, 2001. VA will pay up to \$1,500 for deaths prior to September 10, 2001. If the Veteran is buried in a VA national cemetery, some or all of the cost of transporting the deceased may be reimbursed.

Non-service-Related Death. For deaths on or after October 1, 2011, VA will pay up to \$700 toward burial and funeral expenses (if hospitalized by VA at time of death), or \$300 toward burial and funeral expenses (if not hospitalized by VA at time of death), and a \$700.00 plot-interment allowance (if not buried in a national cemetery). For deaths on or after December 1, 2001, but before October 1, 2011, VA will pay up to \$300 toward burial and funeral expenses and a \$300 plot-interment allowance. The plot-interment allowance is \$150 for deaths prior to December 1, 2001. If the death happened while the Veteran was in a VA hospital or under VA contracted nursing home care, some or all of the costs for transporting the Veteran's remains may be reimbursed. An annual increase in burial and plot allowances, for deaths occurring after October 1, 2011, begins in fiscal year 2013 based on the Consumer Price Index for the preceding 12-month period.

How Can You Apply?

You can apply by filling out VA Form 21-530, *Application for Burial Benefits*. You should attach a copy of the veteran's military discharge document (DD 214 or equivalent), death certificate, funeral and burial bills. They should show that you have paid them in full. You may download the form at <http://www.va.gov/vaforms/>

Related Benefits

VA National Cemetery Burials / Headstones and Markers / Presidential Memorial Certificates / Burial Flags

For More Information, Call Toll-Free 1-800-827-1000

or Visit Our Web Site at <http://www.va.gov>

Compensation Service – November 2011

INSTRUCTIONS FOR COMPLETING APPLICATION FOR BURIAL BENEFITS (UNDER 38 U.S.C., CHAPTER 23)

IMPORTANT - READ THESE INSTRUCTIONS CAREFULLY

1. **RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 22 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

PRIVACY ACT INFORMATION: The responses you submit are considered confidential, (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law and is required to obtain benefits. Information submitted is subject to verification through computer matching programs with other agencies.

2. GENERAL

a. **BURIAL ALLOWANCE** - An amount towards the expenses of the funeral and burial of the veteran's remains. Burial includes all recognized methods of interment.

b. **PLOT ALLOWANCE** - Plot means the final resting place of the remains. The allowance is payable towards:

- (1) Expenses incurred for the plot or interment if burial was not in a national cemetery or other cemetery under the jurisdiction of the United States; OR
- (2) Expenses payable to a State (or political subdivision) if the veteran died from nonservice-connected causes and was buried in a State-owned cemetery or section used solely for the remains of persons eligible for burial in a national cemetery.

c. **BURIAL ALLOWANCE FOR SERVICE-CONNECTED DEATH** - When the veteran's death occurred as the result of a service-connected disability, a special "service-connected" rate is payable.

d. **TRANSPORTATION EXPENSES** - The cost of transporting the body to the place of burial may be paid in addition to the burial allowance when:

- (1) The veteran died of a service-connected disability or had a compensable service-connected disability and burial is in a national cemetery; OR
- (2) The veteran died while in a hospital, domiciliary or nursing home to which he/she had been properly admitted under authority of VA; OR
- (3) The veteran died en route while traveling under prior authorization of VA for the purpose of examination, treatment or care.

3. WHO SHOULD FILE A CLAIM

a. **CREDITOR** - If expenses have not been paid, the claim should be filed by the funeral director or crematory service by completing Parts I, II, and IV. If the funeral director or crematory service has paid or advanced funds for or furnished the plot or interment expenses, inclusion of these items on the statement of account will serve as claim for the plot allowance. If cemetery owner or other creditor has not been paid for the plot and related interment expenses, he/she may file claim by completing Parts I, III, and IV. If both the funeral director and cemetery owner are unpaid, each must submit a separate VA Form 21-530 signed by the person who authorized services.

b. **PERSON WHOSE FUNDS WERE USED** - If all creditors have been paid, the claim should be filed by the person or persons whose personal funds were used by completing Parts I, II, and IV.

- c. VETERAN'S ESTATE - If the expenses were paid from the veteran's estate, the claim should be filed by the executor/administrator by completing Parts I, II, and IV. Submit a copy of the letters of administration or letters testamentary certified over the signature and seal of the appointing court.
- d. STATE - If a veteran whose death is nonservice-connected was buried without charge for plot or interment in a State-owned cemetery or section used for persons eligible in a national cemetery, the claim may be filed by the State official completing Parts I, III (Items 23 and 24), and IV.

4. TIME LIMIT FOR FILING A CLAIM - A claim for nonservice-connected burial expenses or plot allowance must be filed with VA within 2 years from the date of the veteran's permanent burial or cremation. If a veteran's discharge was corrected after death to "Under Conditions Other Than Dishonorable," the claim must be filed within 2 years from the date of correction. The 2-year limitation does not apply to service-connected burial benefits, transportation expenses or reimbursement of headstone expenses.

5. COMPLETING CLAIM BY A FIRM OR STATE AGENCY - The claim must be executed in the full name of the firm or State agency, and show the official position or connection of the individual who signs on its behalf.

6. PROOF OF DEATH TO ACCOMPANY CLAIM - Death in a government institution does not need to be proven. In other cases, the claimant must forward a copy of the public record of death. If proof has previously been furnished VA, it need not be submitted again.

7. STATEMENT OF ACCOUNT MUST ACCOMPANY CLAIM

- a. FUNERAL DIRECTOR - A statement of account on the funeral director's letterhead must show the name of the veteran; the nature and cost of services, including any payments made to another funeral home (show name and address); all credits; and the name of the person or persons by whom payment in whole or in part was made.
- b. TRANSPORTATION - If transported by common carrier, a receipt must accompany the claim. All receipts for transportation charges should show the name of the veteran, the name of the person who paid and the amount of the charges. The itemized statement of account should show the charges made for transportation. Failure to itemize charges may result in delay or payment of a lesser amount.
- c. ACCOUNT PAID IN FULL - The statement of account should be receipted in the name of the firm or individual performing the services. Bills or receipts filed in support of this claim become a part of the permanent record and will not be returned, unless specifically requested.
- d. PLOT ALLOWANCE ONLY - In a claim for the plot allowance only, the statement of account must show the cost of the veteran's individual gravesite, the mausoleum vault, or the columbarium niche.

8. BURIAL ASSOCIATION OR BURIAL INSURANCE - If the veteran was a member of a burial association or if any insurance company is obligated to pay all or part of the burial expenses, Item 22 should be answered "Yes." It will be necessary to support the claim with a statement from the association or insurance company setting forth the terms of the contract and how and with whom settlement was made.

9. SERVICE RECORD - The original or certified copy of the veteran's service separation document (DD214 or equivalent) which contains information as to the length, time, and character of service will permit prompt processing.

10. TOLL FREE TELEPHONE ASSISTANCE - You can call us toll-free within the U.S. by dialing 1-800-827-1000. If you are located in the local dialing area of a VA regional office, you can also call us by checking your local telephone directory. For the hearing impaired, our TDD number is 1-800-829-4833.

11. WHERE DO I MAIL MY COMPLETED APPLICATION? - You should mail your application to the VA regional office located in your state. You can obtain the mailing address for VA regional offices by accessing the VA Internet website at <http://www2.va.gov/directory/guide/home.asp?isflash=1>. The address is also located in the government pages of your telephone book under "United States Government, Veterans."



Department of Veterans Affairs

(DO NOT WRITE IN THIS SPACE)
(VA DATE STAMP)

APPLICATION FOR BURIAL BENEFITS (Under 38 U.S.C. Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY. Type or print all information.

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN

2. SOCIAL SECURITY NUMBER OF VETERAN

3. VA FILE NUMBER

4. FIRST, MIDDLE, LAST NAME OF CLAIMANT

5. TELEPHONE NUMBER(S) (Include Area Code)

5C. E-MAIL ADDRESS

A. DAYTIME

B. EVENING

6A. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)

6B. IF CLAIMANT IS A FUNERAL HOME PROVIDE THE EMPLOYER IDENTIFICATION NUMBER (EIN)

PART I - INFORMATION REGARDING VETERAN

7A. DATE OF BIRTH

7B. PLACE OF BIRTH

8A. DATE OF DEATH

8B. PLACE OF DEATH

8C. DATE OF BURIAL

8D. WHERE DID THE VETERAN'S DEATH OCCUR? (Check one)

VA MEDICAL CENTER

NURSING HOME UNDER VA CONTRACT

STATE VETERANS HOME

OTHER (Specify)

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

9A. ENTERED SERVICE

9B. SERVICE NUMBER

9C. SEPARATED FROM SERVICE

9D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE

DATE

PLACE

DATE

PLACE

10. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

11. ARE YOU CLAIMING THAT THE CAUSE OF DEATH WAS DUE TO SERVICE?

YES NO

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

12. PLACE OF BURIAL OR LOCATION OF CREMAINS

13. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?

YES NO (If "No," complete Items 15 and 16)

14. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?

YES NO (If "No," complete Items 15 and 16)

15. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. COST IS: (CHECK ONE)

PAID BY ANOTHER PERSON(S)

PAID BY CLAIMANT FOR BURIAL

DUE FUNERAL DIRECTOR

NONE

DUE CEMETERY OWNER

16. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)

17. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION, AND IF CLAIMED, BURIAL PLOT

\$

18. AMOUNT PAID

\$

19. WHOSE FUNDS WERE USED?

20A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?

YES NO (If "Yes," complete Items 20B and 20C)

20B. AMOUNT OF REIMBURSEMENT

\$

20C. SOURCE OF REIMBURSEMENT

21A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE, OR FEDERAL AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 21B and 21C)	21B. AMOUNT \$	21C. SOURCE(S)
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22. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
 YES NO (Before answering, read and comply with Instruction 8)

PART III - CLAIM FOR PLOT COST ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

23. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? <input type="checkbox"/> YES <input type="checkbox"/> NO	24. PLACE OF BURIAL OR LOCATION OF CREMAINS
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25A. COST OF BURIAL PLOT (Individual Grave Site, Mausoleum Vault, or Columbarium Niche) \$	25B. DATE OF PURCHASE	25C. DATE OF PAYMENT
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26A. HAVE BILLS BEEN PAID IN FULL? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 26B and 27)	26B. AMOUNT PAID \$	27. WHOSE FUNDS WERE USED?
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28A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 28B and 28C)	28B. AMOUNT OF REIMBURSEMENT \$	28C. SOURCE OF REIMBURSEMENT
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29A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 29B and 29C)	29B. AMOUNT \$	29C. SOURCE
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PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

30A. SIGNATURE OF CLAIMANT (If signed using an "X", complete Items 36A thru 37B) (If signing for firm, corporation, or State agency, complete Items 30B thru 31)	30B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY
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31. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

NOTE - Where the claimant is a firm or other unpaid creditor, Items 32A thru 35 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

32A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed using an "X", complete Items 36A thru 37B)	32B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
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33. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

34. DATE	35. RELATIONSHIP TO VETERAN
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WITNESS TO SIGNATURE IF MADE BY "X"

NOTE - If claimant signed above using an "X", signature must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

36A. SIGNATURE OF WITNESS	36B. ADDRESS OF WITNESS
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37A. SIGNATURE OF WITNESS	37B. ADDRESS OF WITNESS
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PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false.

DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS

The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals in a national or post cemetery are furnished automatically without request from the family.

For additional information and an application, contact the nearest VA office.

GENERAL INFORMATION SHEET

CLAIM FOR STANDARD GOVERNMENT HEADSTONE OR MARKER FOR PLACEMENT IN A PRIVATE CEMETERY OR A STATE VETERANS' CEMETERY

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. VA cannot conduct or sponsor a collection of information unless it has a valid OMB number. Your obligation to respond is voluntary, however, your response is required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send claims for benefits to this address.

BENEFIT PROVIDED

a. HEADSTONE OR MARKER

Only for Veterans who died on or after November 1, 1990 - Furnished for the grave of any eligible deceased Veteran. Will be provided for placement in private cemeteries regardless of whether or not the grave is already marked with a privately-purchased headstone or marker.

Only for Veterans who died before November 1, 1990 - Furnished for the UNMARKED GRAVE of any eligible deceased Veteran. The applicant must certify the grave is unmarked. For Veterans that served prior to World War I, a grave is considered marked when a headstone/marker displays the decedent's name only, or if the name was historically documented in a related document, such as by a number that is inscribed on a grave block and is recorded in a burial ledger. For service during and after World War I, a grave is considered marked if a headstone/marker displays the decedent's name and date of birth and/or death, even though the Veteran's military data is not shown.

b. **MEMORIAL HEADSTONE OR MARKER** - Furnished for placement in a cemetery only to commemorate a deceased eligible Veteran whose remains have not been recovered or identified, were buried at sea, donated to science, or cremated and the remains scattered. May not be used as a memento. Check box in block 28 and explain in block 27.

c. **MEDALLION** - Eligible Veterans may receive a Government-furnished headstone or marker, or a medallion, but not both. *If requesting a medallion, please use VA Form 40-1330M.*

WHO IS ELIGIBLE - Any deceased Veteran discharged under honorable conditions and any member of the Armed Forces of the United States who dies on active duty. A deceased Veteran discharged under conditions other than honorable may also be eligible. A copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing qualifying military service must be attached. Do not send original documents; they will not be returned. Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty. Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; a copy of the Reserve Retirement Eligibility Benefits Letter must accompany the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible. Service prior to World War I requires detailed documentation, e.g., muster rolls, extracts from State files, military or State organization where served, pension or land warrant, etc.

WHO CAN APPLY - Federal regulation defines "applicant" as the decedent's Next-of-Kin (NOK); a person authorized in writing by the NOK; or a personal representative authorized in writing by the decedent. Written authorization must be included with claim. A notarized statement is not required.

HOW TO SUBMIT A CLAIM

FAX claims and supporting documents to 1-800-455-7143.

IMPORTANT: If faxing more than one claim - fax each claim package (claim plus supporting documents) individually, i.e., disconnect the call and redial for each submission.

MAIL claims to: **Memorial Programs Service (41B)**
Department of Veterans Affairs
5109 Russell Road
Quantico, VA 22134-3903

A Government headstone or marker may be furnished only upon receipt of a fully completed and signed claim with required supporting documentation.

SIGNATURES REQUIRED - The applicant signs in block 17; the person agreeing to accept delivery (consignee) in block 22, and the cemetery or other responsible official in block 24. If there is no official on duty at the cemetery, the signature of the person responsible for the property listed in block 21 is required. Entries of "None," "Not Applicable," or "NA" cannot be accepted. State Veterans' Cemeteries are not required to complete blocks 17, 18, 22 and 23.

ASSISTANCE NEEDED - If assistance is needed to complete this claim, contact the nearest VA Regional Office, national cemetery, or a local veterans' organization. No fee should be paid in connection with the preparation of this claim. Use block 27 for any clarification or other information you wish to provide. Should you have questions when filling out this form, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or via e-mail at mgs.headstones@va.gov.

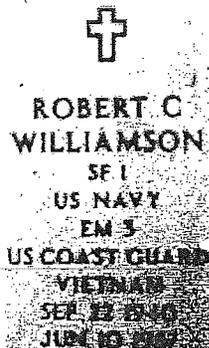
TRANSPORTATION AND DELIVERY OF MARKER - The headstone or marker is shipped without charge to the consignee designated in block 19 of the claim. The delivery will not be made to a Post Office box. The consignee should be a business with full delivery address and telephone number. If the consignee is not a business explain fully in block 27. For delivery to a Rural Route address, you must include a daytime telephone number including area code in block 20. If you fail to include the required address and telephone number information, we cannot deliver the marker. The Government is not responsible for costs to install the headstone or marker in private cemeteries.

CAUTION - *To avoid delays in the production and delivery of the headstone or marker, please check carefully to be sure you have accurately furnished all required information before faxing or mailing the claim. If inaccurate information is furnished, it may result in an incorrectly inscribed headstone or marker. Headstones and markers furnished remain the property of the United States Government and may not be used for any purpose other than to be placed at an eligible individual's grave or in a memorial section within a cemetery.*

DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.

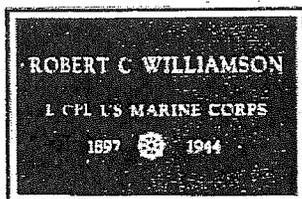
ILLUSTRATIONS OF STANDARD GOVERNMENT HEADSTONES AND MARKERS

UPRIGHT HEADSTONE
WHITE MARBLE OR
LIGHT GRAY GRANITE



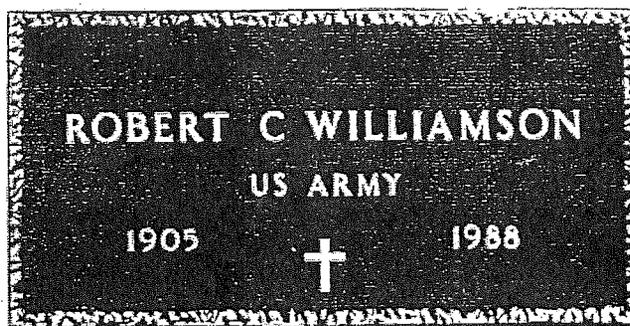
This headstone is 42 inches long, 13 inches wide and 4 inches thick. Weight is approximately 230 pounds. Variations may occur in stone color, and the marble may contain light to moderate veining.

BRONZE NICHE



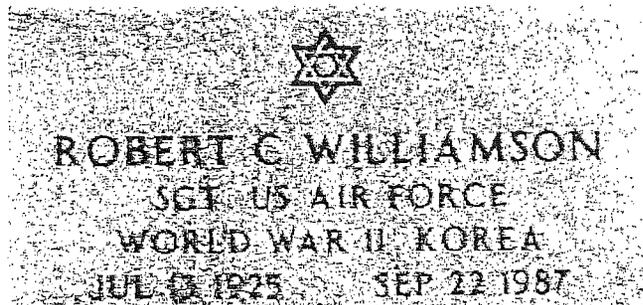
This niche marker is 8-1/2 inches long, 5-1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker. Used for columbarium or mausoleum interment. Also provided to supplement a privately-purchased headstone or marker for eligible Veterans who died on or after November 1, 1990 and are buried in a private cemetery.

FLAT MARKERS
BRONZE



This grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The base is not furnished by the Government.

LIGHT GRAY GRANITE OR WHITE MARBLE



This grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining.

NOTE: Civil War Era headstones - In addition to the headstone and markers pictured, two special styles of upright headstones are available for those who served with Union Forces during the Civil War or for those who served in the Spanish-American War, and another for those who served with the Confederate States of America during the Civil War. Requests for these special styles should be made in block 27 of the claim. It is necessary to submit detailed documentation that supports eligibility. Inscriptions on these headstone types are intentionally limited to assure historic accuracy. For example, only rank above 'Private' was historically authorized; emblems of belief and the words 'Civil War' are not provided.

INSCRIPTION INFORMATION

MEMORIAL HEADSTONES AND MARKERS (remains are not buried). The words "In Memory Of" are mandatory and precede the authorized inscription data. The words "In Memory Of" are only inscribed when remains are not available.

MANDATORY ITEMS of inscription at Government expense are: Legal Name, Branch of Service, Year of Birth, Year of Death, and for State Veterans and National Cemeteries only, the section and grave number. Branches of Service are: U.S. Army (USA), U.S. Navy (USN), U.S. Air Force (USAF), U.S. Marine Corps (USMC), U.S. Coast Guard (USCG), U.S. Army Air Forces (USAAF), and other parent organizations authorized for certain periods of time; and special units such as Women's Army Auxiliary Corps (WAAC), Women's Air Force Service Pilots (WASP), U.S. Public Health Service (USPHS), and National Oceanic & Atmospheric Administration (NOAA). Different examples of inscription formats are illustrated above. More than one branch of service is permitted, subject to space availability.

OPTIONAL ITEMS are identified on the claim in boxes with bold outlines. These items may be included at Government expense if desired. Optional items include month and day of birth in block 5A, month and day of death in block 5B, highest rank attained in block 7, awards in block 9, war service in block 10, and emblem of belief in block 12. War service includes active duty service during a recognized period of war and the individual does not have to serve in the actual place of war, e.g., Vietnam may be inscribed if the Veteran served during the Vietnam War period, even though the individual never served in the country. Supporting documentation must be included with the claim if you wish to include the highest rank and/or awards.

ADDITIONAL ITEMS may be inscribed at Government expense if they are requested on the initial claim and space is available. Examples of additional items include appropriate terms of endearment, nicknames (in expressions such as "OUR BELOVED POPPY"), military or civilian credentials or accomplishments such as DOCTOR, REVEREND, etc., and special unit designations such as WOMEN'S ARMY CORPS, ARMY AIR CORPS, ARMY NURSE CORPS or SEABEES. All requests for additional inscription items should be stated in block 27, and are subject to VA approval. No graphics, emblems or pictures are permitted except available emblems of belief, the Medal of Honor, and the Southern Cross of Honor for Civil War Confederates.

RESERVED SPACE for future inscriptions at private expense, such as spousal or dependent data, is allowed if requested in block 27 and if space is available. Only two lines of space may be reserved on flat markers due to space limitations. Reserved space is unnecessary on upright marble or granite headstones as the reverse side is available for future inscriptions.

INCOMPLETE OR INACCURATE INFORMATION ON THE CLAIM MAY RESULT IN ITS RETURN TO THE CLAIMANT, A DELAY IN RECEIPT OF THE HEADSTONE OR MARKER, OR AN INCORRECT INSCRIPTION.



IMPORTANT: Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. *Blocks outlined in bold are optional inscription items. Unless indicated otherwise all other blocks must be completed. **MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION ARE REQUIRED.***

1. FOR VA USE ONLY

2. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (NO NICKNAMES OR TITLES PERMITTED)				3. GRAVE IS:		
FIRST (Or Initial)	MIDDLE (Or Initial)	LAST	SUFFIX	<input type="checkbox"/> CURRENTLY MARKED (with privately purchased marker)	<input type="checkbox"/> NOT MARKED	

VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941)

4. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO.				PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)					
SSN: _____ OR SVC. NO.: _____				6A. DATE(S) ENTERED			6B. DATE(S) SEPARATED		
				MONTH	DAY	YEAR	MONTH	DAY	YEAR
5A. DATE OF BIRTH			5B. DATE OF DEATH						
MONTH	DAY	YEAR	MONTH	DAY	YEAR				

7. HIGHEST RANK ATTAINED (No pay grades)	8. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 7)									
	ARMY	NAVY	CORPS	MARINE COAST GUARD	AIR FORCE	ARMY AIR FORCES	MERCHANT MARINE	OTHER (Specify)		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

9. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided)						10. WAR SERVICE (Check applicable box(es))						
MEDAL OF HONOR	DST SVC CROSS	NAVY CROSS	AIR FORCE CROSS	SILVER STAR	BRONZE STAR MEDAL	PURPLE HEART	OTHER (Specify)	WORLD WAR II	KOREA	VIETNAM	PERSIAN GULF	OTHER (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)						12. DESIRED EMBLEM OF BELIEF					
FLAT BRONZE	FLAT GRANITE	UPRIGHT MARBLE	FLAT MARBLE	BRONZE NICHE	UPRIGHT GRANITE	EMBLEM NUMBER (Specify) (See reverse side of this form for available emblems)					
<input type="checkbox"/> B	<input type="checkbox"/> G	<input type="checkbox"/> U	<input type="checkbox"/> F	<input type="checkbox"/> Z	<input type="checkbox"/> V	<input type="checkbox"/> NONE <input type="checkbox"/> _____					

13A. NAME AND MAILING ADDRESS OF APPLICANT (No., Street, City, State, and ZIP Code)				13B. DAYTIME PHONE NO. OF APPLICANT			
				14. E-MAIL ADDRESS (Optional)			
				15. FAX NO. (Optional)			

16. ARE YOU:

NEXT OF KIN (Specify relationship) AUTHORIZED REPRESENTATIVE ON BEHALF OF DECEDENT (Include Written Authorization) AUTHORIZED REPRESENTATIVE ON BEHALF OF NEXT OF KIN (Include Written Authorization)

CERTIFICATION: By signing below I certify the headstone or marker will be installed in the cemetery listed in block 21 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge.

17. SIGNATURE OF APPLICANT		18. DATE (MM/DD/YYYY)	
19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State, and ZIP Code); P.O. BOX IS NOT ACCEPTABLE		20. DAYTIME PHONE NO. (Include Area Code)	
21. NAME AND ADDRESS OF CEMETERY WHERE GRAVE IS LOCATED (No., Street, City, State, and ZIP Code)			

CERTIFICATION: By signing below I agree to accept prepaid delivery of the headstone or marker.

22. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 19		23. DATE (MM/DD/YYYY)	

CERTIFICATION: By signing below I certify the type of headstone or marker checked in block 11 is permitted in the cemetery named in block 21.

24. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL		25. DAYTIME PHONE NO. (Include Area Code)		26. DATE (MM/DD/YYYY)	

27. REMARKS (Additional inscription space will vary in size according to the type of marker)

28. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27 (e.g., buried at sea, remains scattered, etc.)		29. SECTION/GRAVE NO. (State Cemetery Only)	
<input type="checkbox"/> REMAINS NOT BURIED			

AVAILABLE EMBLEMS (See block 12)

The graphics shown below are of 20 representative emblems of belief for placement on Government-furnished headstones/markers.



(1)
LATIN CROSS



(2)
BUDDHIST



(3)
JUDAISM
(Star of David)



(4)
PRESBYTERIAN CROSS



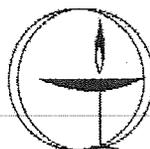
(5)
RUSSIAN ORTHODOX CROSS



(6)
LUTHERAN CROSS



(7)
EPISCOPAL CROSS



(8)
UNITARIAN CHURCH
(Flaming Chalice)



(9)
UNITED METHODIST CHURCH



(10)
AARONIC ORDER CHURCH



(11)
MORMON-ANGEL MORONI



(12)
NATIVE AMERICAN CHURCH
OF NORTH AMERICA



(13)
SERBIAN ORTHODOX



(14)
GREEK CROSS



(17)
MUSLIM
CRESCENT AND STAR



(20)
COMMUNITY OF CHRIST



(21)
SUFISM REORIENTED



(27)
UNITED MORAVIAN CHURCH



(29)
CHRISTIAN CHURCH



(31)
UNITED CHURCH OF CHRIST

EMBLEMS OF BELIEF AVAILABLE:

- | | |
|---|---|
| <p>LATIN CROSS (01)
 BUDDHIST (Wheel of Righteousness) (02)
 JUDAISM (Star of David) (03)
 PRESBYTERIAN CROSS (04)
 RUSSIAN ORTHODOX CROSS (05)
 LUTHERAN CROSS (06)
 EPISCOPAL CROSS (07)
 UNITARIAN CHURCH (Flaming Chalice) (08)
 UNITED METHODIST CHURCH (09)
 AARONIC ORDER CHURCH (10)
 MORMON (Angel Moroni) (11)
 NATIVE AMERICAN CHURCH OF NORTH AMERICA (12)
 SERBIAN ORTHODOX (13)
 GREEK CROSS (14)
 BAHAI (9 Pointed Star) (15)
 ATHEIST (16)
 MUSLIM (Crescent and Star) (17)
 HINDU (18)
 KONKO-KYO FAITH (19)
 COMMUNITY OF CHRIST (20)
 SUFISM REORIENTED (21)
 TENRIKYO CHURCH (22)
 SIECHO-NO-IE (23)
 THE CHURCH OF WORLD MESSIANITY (Izunome) (24)</p> | <p>UNITED CHURCH OF RELIGIOUS SCIENCE (25)
 CHRISTIAN REFORMED CHURCH (26)
 UNITED MORAVIAN CHURCH (27)
 ECKANKAR (28)
 CHRISTIAN CHURCH (29)
 CHRISTIAN & MISSIONARY ALLIANCE (30)
 UNITED CHURCH OF CHRIST (31)
 HUMANIST (AMERICAN HUMANIST ASSOCIATION) (32)
 PRESBYTERIAN CHURCH (USA) (33)
 IZUMO TAISHAKYO MISSION OF HAWAII (34)
 SOKA GAKKAI INTERNATIONAL - USA (35)
 SIKH (KHANDA) (36)
 WICCAN (37)
 LUTHERAN CHURCH MISSOURI SYNOD (38)
 NEW APOSTOLIC CHURCH (39)
 SEVENTH DAY ADVENTIST CHURCH (40)
 CELTIC CROSS (41)
 ARMENIAN CROSS (42)
 FAROHAR (43)
 MESSIANIC JEWISH (44)
 KOHEN HANDS (45)
 CATHOLIC CELTIC CROSS (46)
 THE FIRST CHURCH OF CHRIST, SCIENTIST (Cross and Crown) (47)
 MUSLIM (Islamic 5 Pointed Star) (98)</p> |
|---|---|

To obtain the most recent information about headstones and markers including the complete and most current list of available emblems of belief (listing all names and graphics), please visit our website at www.cem.va.gov. You may also request a copy of this list by contacting our Applicant Assistance Unit toll free at 1-800-697-6947, or via e-mail at: mps.headstones@va.gov.

CAUTION --- This is a limited benefits and is not intended to reimburse the total cost of the selected headstone or marker.

The average government cost rate is the one in effect at the time the headstone or marker was purchased.

2. Eligibility. The deceased was buried on or after October 18, 1978 and;

- a. A veteran who was discharged or released from service under conditions other than dishonorable; or
- b. A service person who died while on active duty; or
- c. A member of a Reserve component of the Armed Forces, Army National Guard or the Air National Guard who died while hospitalized or was receiving treatment for a condition or disease contracted or incurred while performing reserve duties; or
- d. A member of the Reserve Officer Training Corps whose death occurred under certain circumstances (additional information regarding this may be obtained from your local VA Regional Office); and
- e. Died on or before October 31, 1990; and
- f. Was not buried or memorialized in a National Cemetery.

3. Who May File a Claim. Any person who paid for the veteran's or service person's headstone, marker, or additional engraving.

4. Time Limit For Filing Claim. There is no time limit for filing monetary allowance in lieu of a government furnished headstone or marker.

5. Careful Execution of Claim Necessary. Provide full information, clearly and legibly handwritten or typed. If you are unable to furnish the information requested or if you require assistance you should contact your nearest VA Regional Office for instructions.

6. Social Security Number. Enter the deceased veteran's social security number in Item 2.

7. Veteran's Estate. If the headstone, marker, or additional engraving was paid for with funds of the veteran's estate the claim may be filed by the executor or administrator thereof by completing the application.

8. Proof of Veteran's Death to Accompany Claim. If proof of death has previously been furnished VA, it need not be submitted with this application. Death of veterans in Federal government institutions are automatically reported to VA and need not be proven. In all other cases the public record of death or a copy of a coroner's report of death, or the verdict of a coroner's jury, verified by the custodial of such records must accompany this application.

9. Receipted Bill to Accompany Claim. This claim must be accompanied by a receipted bill (preferably on the printed billhead of the monument company) showing the name of the deceased veteran, the name of the person by whom payment was made, a description of the headstone, marker, or additional engraving, the nature and costs of the purchase, and statement as to the amount paid by the purchaser, and all credits to the account if not paid in full.

10. Duplication of Benefits Prohibited. This application is for use only if a headstone or marker is purchased in lieu of one furnished by VA. Claim one benefits only. There is no entitlement to both reimbursement and a government furnished headstone or marker.

11. Service Record. If the veteran previously filed a VA claim, include the VA claim number in Item 3. If the veteran never filed a claim with VA, submit a photocopy of his/her discharge certificate to expedite processing.

12. NOTE. The payment of any fee in the preparation of this claim is prohibited.

13. Prohibition of Discriminatory Practices. Reimbursement of headstone, marker, or additional engraving expenses prohibited if the retailer is found to discriminate based on race, color, or national origin (42 U.S.C. 2000(d)). Any person(s) who purchases a headstone, marker, or additional engraving has the right to file a complaint with the nearest VA Regional Office if discrimination is encountered.



Department of Veterans Affairs

APPLICATION FOR REIMBURSEMENT OF HEADSTONE OR MARKER EXPENSE

1. NAME OF DECEASED VETERAN (First, middle, last)		2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER
4. DATE OF BIRTH	5. PLACE OF BIRTH	6. DATE OF DEATH	7. PLACE OF DEATH
8. DATE OF BURIAL	9. PLACE OF BURIAL OR MEMORIAL (Name and location)		10. WAS VETERAN BURIED OR MEMORIAL IN A NATIONAL CEMETERY?

II. SERVICE INFORMATION

A. ENTERED SERVICE		B. SERVICE NUMBER	C. SEPARATED FROM SERVICE		D. GRADE AND ORGANIZATION	E. BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE		

12. NAME OF CLAIMANT (First, middle, last)	13. RELATIONSHIP TO VETERAN
--	-----------------------------

14. MAILING ADDRESS OF CLAIMANT	15. AMOUNT PAID	
	A. HEADSTONE OR MARKER	B. ENGRAVING OR EXISTING STONE OR MARKER
	\$	\$
	16. DATE PURCHASED (Mo., day yr.)	
	A. HEADSTONE OR MARKER	B. ENGRAVING

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief and that I have NOT filed a separate application for a headstone.	FOR VA USE ONLY			
	The above application has been received and is pending payment.			
17. SIGNATURE OF CLAIMANT	18. DATE	DATE RECEIVED	DATE FORWARD	RO NUMBER

INFORMATION AND INSTRUCTIONS FOR COMPLETING APPLICATION FOR REIMBURSEMENT OF HEADSTONE OR MARKER EXPENSES IN LIEU OF GOVERNMENT FURNISHED HEADSTONE OR MARKER

PRIVACY ACT INFORMATION: No reimbursement of headstone or marker may be granted unless this form is completed and returned as required by law (38 U.S.C. Chapter 23). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22 Compensation, Pension, Education, and Rehabilitation Records - VA. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by VA.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

HOW TO APPLY. Forward this application to the Department of Veteran Affairs Regional Office nearest you.

1. **Benefits Payable.** In lieu of a headstone or marker furnished at government expense, an amount not to exceed the average government cost, or the actual cost, whichever is less, of privately procured headstones or markers (excluding base) or the additional engraving of an existing headstone or marker already in place to include the deceased's data may be paid on a reimbursable basis when the veteran is buried or memorialized in other than a National Cemetery. NOTE: Reimbursement applies only to headstone, marker, or engraving expenses incurred and paid subsequent to the veterans death.

GENERAL INFORMATION SHEET

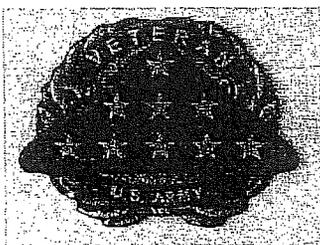
CLAIM FOR GOVERNMENT MEDALLION FOR PLACEMENT IN A PRIVATE CEMETERY

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. VA cannot conduct or sponsor a collection of information unless it has a valid OMB number. Your obligation to respond is voluntary, however, your response is required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send applications for benefits to this address.

BENEFIT PROVIDED - MEDALLION (Only for Veterans who died on or after November 1, 1990)

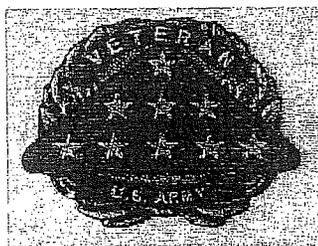
Furnished upon receipt of claim for affixing to an existing privately-purchased headstone or marker placed at the gravesite of an eligible deceased Veteran who is buried in a private cemetery. The medallion is made of bronze and available in three approximate sizes: 5 inches, 3 inches, and 1-1/2 inches. Each medallion is inscribed with the word VETERAN across the top and the Branch of Service at the bottom (*see Note in Block 6 of the claim for further information*). Eligible Veterans may receive a Government furnished headstone or marker, or a medallion, but not both. *If requesting a headstone or marker, please use the VA Form 40-1330.*

Shown below are the three medallions with the maximum dimensions for height and length.



Five inch Medallion

Dimensions: 6 1/2" W, 4 3/4" H, 1/2" D



Three inch Medallion

Dimensions: 3 3/4" W, 2 3/4" H, 1/4" D



One-and-one-half inch Medallion

Dimensions: 2" W, 1 1/2" H, 1/4" D

WHO IS ELIGIBLE - Any member of the Armed Forces of the United States who dies on active duty and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker. Any deceased Veteran discharged under honorable conditions, who died on or after November 1, 1990, and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker. A deceased Veteran discharged under conditions other than honorable, who died on or after November 1, 1990, and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker, may also be eligible. A copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing qualifying military service must be attached. **Do not send original documents; they will not be returned. Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty.** Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; a copy of the Reserve Retirement Eligibility Benefits Letter must accompany the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible.

WHO CAN APPLY - Federal regulation defines "applicant" as the decedent's Next of Kin (NOK); a person authorized in writing by the NOK; or a personal representative authorized in writing by the decedent. Written authorization must be included with claim. A notarized statement is not required.

HOW TO SUBMIT A CLAIM

FAX claims and supporting documents to: 1-800-455-7143.

IMPORTANT: If faxing more than one claim - fax each claim package (*claim plus supporting documents*) individually (*disconnect the call and redial for each submission*).

MAIL claims to: **Memorial Programs Service (41B)**
Department of Veterans Affairs
5109 Russell Road
Quantico, VA 22134-3903

A VA medallion may be furnished only upon receipt of a fully completed and signed claim with required supporting documentation.

SIGNATURES REQUIRED - The applicant must sign in Block 12A. The applicant must be the Next of Kin or an authorized representative of the decedent or the Next of Kin.

ASSISTANCE NEEDED - If assistance is needed to complete this claim, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or via e-mail at mps.headstones@va.gov. No fee should be paid in connection with the preparation of this claim. For more information regarding medallion eligibility, affixing procedures, and sizes, visit our website at www.cem.va.gov.

DELIVERY - The medallion is shipped without charge to the name/address designated in Block 13 of the claim. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Appropriate affixing adhesives, hardware and instructions are provided with the medallion.

CAUTION - *To avoid delays in the production and delivery of the medallion, please check carefully to be sure you have accurately furnished all required information and documents before faxing or mailing the claim. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Medallions furnished remain the property of the United States Government and may not be used for any purpose other than to be affixed to the privately purchased headstone or marker of an eligible deceased Veteran buried in a private cemetery.*

DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.



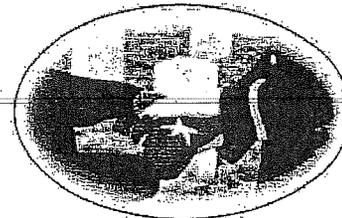
CLAIM FOR GOVERNMENT MEDALLION FOR PLACEMENT IN A PRIVATE CEMETERY

IMPORTANT: Please read the General Information Sheet before completing this claim. Type or print clearly all information except for signatures. Illegible printing could result in incorrect delivery of the medallion. Unless indicated otherwise all other blocks must be completed. **MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION ARE REQUIRED.**

1. NAME OF DECEASED VETERAN				2. GRAVE IS:					
FIRST (Or Initial)	MIDDLE (Or Initial)	LAST	SUFFIX	<input type="checkbox"/> CURRENTLY MARKED (with privately purchased marker)					
				<input type="checkbox"/> NOT MARKED					
VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941)									
3. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO.				PERIODS OF ACTIVE MILITARY DUTY					
SSN:		SVC. NO.:		5A. DATE(S) ENTERED			5B. DATE(S) SEPARATED		
				MONTH	DAY	YEAR	MONTH	DAY	YEAR
4A. DATE OF BIRTH			4B. DATE OF DEATH						
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
6. BRANCH OF SERVICE (BOS) (Check applicable box(es)) <i>NOTE: If one BOS is selected, it will be spelled out on the medallion, i.e. U.S. ARMY, U.S. AIR FORCE, etc. If more than one BOS is selected, they will be abbreviated on the medallion, i.e. USA, USAF, USN, USMC, USCG, etc.</i>							7. MEDALLION SIZE REQUESTED (Check one) (Refer to instructions for exact sizes)		
<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MERCHANT MARINE							<input type="checkbox"/> 5 INCH (M5)		
<input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY AIR FORCES (WW II) <input type="checkbox"/> OTHER (USAAC, WAAC, etc.) (Specify) _____							<input type="checkbox"/> 3 INCH (M3)		
							<input type="checkbox"/> 1-1/2 INCH (M1)		
8. NAME AND MAILING ADDRESS OF APPLICANT (No., Street, City, State, and ZIP Code)				9. ARE YOU:				10. DAYTIME PHONE NO. OF APPLICANT	
				<input type="checkbox"/> NEXT OF KIN (Specify Relationship) _____					
				<input type="checkbox"/> AUTHORIZED REPRESENTATIVE ON BEHALF OF DECEDENT (Include Written Authorization)					
				<input type="checkbox"/> AUTHORIZED REPRESENTATIVE ON BEHALF OF NEXT OF KIN (Include Written Authorization)					
CERTIFICATION: By signing below I certify the medallion will be affixed to a privately purchased headstone or marker in the cemetery listed in Block 15 at no expense to the Government, and that I (or the party listed in Block 13) have agreed to accept delivery, and all information entered on this claim is true and correct to the best of my knowledge.									
12A. SIGNATURE OF APPLICANT						12B. DATE (MM/DD/YYYY)			
13. NAME AND DELIVERY ADDRESS FOR MEDALLION (No., Street, City, State, and ZIP Code); (If same as applicant, please enter SAME)				14. DAYTIME PHONE NO. (Include Area Code)		15. NAME AND ADDRESS OF CEMETERY WHERE PRIVATELY PURCHASED HEADSTONE OR MARKER OF THE DECEASED VETERAN IS LOCATED (No., Street, City, State, and ZIP Code)			

**UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS****Burial Flags****Why Does VA Provide a Burial Flag?**

A United States flag is provided, at no cost, to drape the casket or accompany the urn of a deceased Veteran who served honorably in the U. S. Armed Forces. It is furnished to honor the memory of a Veteran's military service to his or her country. VA will furnish a burial flag for memorialization for each other than dishonorable discharged.



- Veteran who served during wartime
- Veteran who died on active duty after May 27, 1941
- Veteran who served after January 31, 1955
- peacetime Veteran who was discharged or released before June 27, 1950
- certain persons who served in the organized military forces of the Commonwealth of the Philippines while in service of the U.S. Armed Forces and who died on or after April 25, 1951
- certain former members of the Selected Reserves

Who Is Eligible to Receive the Burial Flag?

Generally, the flag is given to the next-of-kin, as a keepsake, after its use during the funeral service. When there is no next-of-kin, VA will furnish the flag to a friend making request for it. For those VA national cemeteries with an Avenue of Flags, families of Veterans buried in these national cemeteries may donate the burial flags of their loved ones to be flown on patriotic holidays.

How Can You Apply?

You may apply for the flag by completing [VA Form 27-2008, Application for United States Flag for Burial Purposes](#). You may get a flag at any VA regional office or U.S. Post Office. Generally, the funeral director will help you obtain the flag.

Can a Burial Flag Be Replaced?

The law allows us to issue one flag for a Veteran's funeral. We cannot replace it if it is lost, destroyed, or stolen. However, some Veterans' organizations or other community groups may be able to help you get another flag.

How Should the Burial Flag Be Displayed?

The proper way to display the flag depends upon whether the casket is open or closed. VA Form 27-2008 provides the correct method for displaying and folding the flag. The burial flag is not suitable for outside display because of its size and fabric. It is made of cotton and can easily be damaged by weather.

For More Information Call Toll-Free at 1-800-827-1000



U.S. Department of Veterans Affairs - 810 Vermont Avenue, NW - Washington, DC 20420

Reviewed/Updated Date: May 8, 2012

INSTRUCTIONS

A. How can I contact VA if I have questions?

If you have questions about this form, how to fill it out, or about benefits, contact your nearest VA regional office. You can locate the address of the nearest regional office in your telephone book blue pages under "United States Government, Veterans" or call 1-800-827-1000 (Hearing Impaired TDD line 1-800-829-4833). You may also contact VA by Internet at <https://iris.va.gov/>.

B. How do I apply for a burial flag?

Complete VA Form 21-2008, and submit it to a funeral director or a representative of the veteran or other organization having charge of the funeral arrangements or acting in the interest of the veteran. You may get a flag at any VA regional office or U.S. Post Office. When burial is in a national, State or military post cemetery, a burial flag will be provided.

C. Who is eligible for a burial flag?

Generally, veterans with an other than dishonorable discharge
Note: This includes veterans who served in the Philippine military forces while such forces were in the service of the U.S. armed forces under the President's Order of July 26, 1941 and died on or after April 25, 1951, and veterans who served in the Philippine military services and are eligible for burial in a national cemetery

Veterans who were entitled to retired pay for service in the reserves, or would have been entitled to such pay but not for being under 60 years of age

Members or former members of the Selected Reserve (Army, Air Force, Coast Guard, Marine Corps, or Naval Reserve; Air National Guard; or Army National Guard) who served at least one enlistment or, in the case of an officer, the period of initial obligation, or were discharged for disability incurred or aggravated in line of duty, or died while a member of the Selected Reserve

D. Who is not eligible for a burial flag?

Veterans who received a dishonorable discharge

Members of the Selected Reserve whose last discharge from service was under conditions less favorable than honorable

Peacetime veterans who were discharged before June 27, 1950 and did not serve at least one complete enlistment or incur or aggravate a disability in the line of duty

Veterans who were convicted of a Federal capital crime and sentenced to death or life imprisonment, or were convicted of a State capital crime and sentenced to death or life imprisonment without parole, or were found to have committed a Federal or State capital crime but were not convicted by reason of not being available for trial due to death or flight to avoid prosecution

Discharged or rejected draftees, or members of the National Guard, who reported to camp in answer to the President's call for World War I service but who, when medically examined, were not finally accepted for military service

D. Who is not eligible for a burial flag? (Continued)

Persons who were discharged from World War I service prior to November 12, 1918, on their own application or solicitation by reason of being an alien, or any veterans discharged for alienage during a period of hostilities

Persons who served with any of the forces allied with the United States in any war, even though United States citizens, if they did not serve with the United States armed forces

Persons inducted for training and service who, before entering such training and service were transferred to the Enlisted Reserve Corps and given a furlough

Former temporary members of the United States Coast Guard Reserve

E. What documentation is required in order to receive a burial flag?

Provide a copy of the veteran's discharge documents that shows service dates and the character of service, such as DD Form 214, or verification of service from the veteran's service department or VA. *Note:* If the claimant is unable to provide documentary proof, a flag may be issued when a statement is made by a person of established character and reputation that he/she personally knows the deceased to have been a veteran who meets the eligibility criteria.

F. Who is eligible to receive a burial flag?

Only one flag may be issued for each deceased veteran. Generally, the flag is given to the next-of-kin as a keepsake after its use during the funeral service. The flag is given to the following person(s) in the order of precedence listed:

surviving spouse

children, according to age

parents, including adoptive, stepparents, and foster parents

brothers or sisters, including brothers or sisters of half blood

uncles or aunts

nephews or nieces

others, such as cousins or grandparents

When there is no next-of-kin, VA will furnish the flag to a friend making a request for it. If there is no living relative or one cannot be located, and no friend requests the flag, it must be returned to the nearest VA facility.

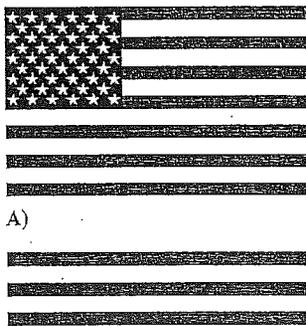
Note: The flag cannot be replaced if it is lost, destroyed, or stolen. Additionally, a flag may not be issued after burial unless it was impossible to obtain a flag in time to drape the casket or accompany the urn before burial. If the next-of-kin or friend is requesting the flag after the veteran's burial, he or she must personally sign the application and explain in Item 15 "Remarks" the reason that prevented timely application for a burial flag.

ISSUING OFFICIAL WILL DETACH THIS SHEET AND PRESENT IT TO THE RECIPIENT OF THE FLAG

USE OF THE FLAG

1. This flag is issued on behalf of the Department of Veterans Affairs to honor the memory of one who has served our country.
2. When used to drape the casket, the flag should be placed as follows:
 - (a) **Closed Casket** - When the flag is used to drape a closed casket, it should be so placed that the union (blue field) is at the head and over the left shoulder of the deceased.
 - (b) **Half Couch (Open)** - When the flag is used to drape a half-couch casket, it should be placed in three layers to cover the closed half of the casket in such a manner that the blue field will be the top fold, next to the open portion of the casket on the deceased's left.
 - (c) **Full Couch (Open)** - When the flag is used to drape a full-couch casket, it should be folded in a triangular shape and placed in the center part of the head panel of the casket cap, just above the left shoulder of the deceased.
3. During a military commitment ceremony, the flag which was used to drape the casket is held waist high over the grave by the pallbearers and, immediately after the sounding of "Taps," is folded in accordance with the illustration below.
4. Folding the flag (see illustration below):
5. The flag should not be lowered into the grave or allowed to touch the ground. When taken from the casket, it should be folded as shown (see illustration).
6. The flag should form a distinctive feature of the ceremony of the unveiling of a statue or monument, but it should never be used as a covering for the statue or monument.
7. The flag should never be fastened, displayed, used, or stowed in such a manner as will permit it to be easily torn, soiled, or damaged in any way.
8. The flag should never have placed upon it, nor any part of it, nor attached to it, any mark, insignia, letter, word, figure, design, picture, or drawing of any nature.
9. The flag should never be used as a receptacle for receiving, holding, carrying, or delivering anything.
10. The flag, when badly worn, torn, or soiled should no longer be publicly displayed, but privately destroyed by burning in such a manner as to convey no suggestion of disrespect or irreverence.

CORRECT METHOD OF FOLDING THE UNITED STATES FLAG



(A) Straighten out the flag to full length and fold lengthwise once, folding the lower striped section of the flag over the blue field.



(B) Fold the flag lengthwise a second time to meet the open edge, making sure that the union of stars on the blue field remains outward in full view.



(C) A triangular fold is then started by bringing the striped corner of the folded edge to the open edge.



(D) The outer point is then turned inward, parallel with the open edge to form a second triangle.



E)

(E) The diagonal or triangular folding is continued toward the blue union until the end is reached, with only the blue showing and the form being that of a cocked (three corner) hat.

Department of Veterans Affairs APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us the veteran's SSN account information is voluntary. Refusal to provide the veteran's SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine entitlement to benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine eligibility for issuance of a burial flag to a family member or friend of a deceased veteran (38 U.S.C. 2301). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

IMPORTANT - Postmaster or other issuing official: Submit this form to the nearest VA regional office. Be sure to complete the stub at the bottom.

INFORMATION ABOUT THE DECEASED VETERAN (Complete as much as possible)

1. FIRST, MIDDLE, LAST NAME OF VETERAN (Print or type)		2. OTHER NAMES USED BY VETERAN (Print or type)	
3. VA FILE NUMBER	4. SOCIAL SECURITY NUMBER	5. MILITARY SERVICE NUMBER/SERIAL NUMBER	
6. BRANCH OF SERVICE (Check box) <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> SELECTED SERVICE <input type="checkbox"/> OTHER (Specify)			
7. DATE ENTERED ACTIVE DUTY (or Selected Reserve)	8. DATE RELEASED FROM ACTIVE DUTY (or Selected Reserve)	9. DATE OF BIRTH	10. DATE OF DEATH
11. DATE OF BURIAL	12. PLACE OF BURIAL (Name of cemetery, city, and State)		
13. HAS DOCUMENTATION BEEN PRESENTED OR ATTACHED THAT SHOWS THE VETERAN MEETS THE ELIGIBILITY CRITERIA? (See Paragraphs C, D, and E of the "Instructions") <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," explain in Item 15, "Remarks" (See paragraph E of the "Instructions"))			

INFORMATION ABOUT THE FLAG RECIPIENT AND APPLICANT

14A. NAME OF PERSON ENTITLED TO RECEIVE FLAG	14B. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG (Number and street or rural route, city or P.O., State and ZIP Code)		
14C. RELATIONSHIP TO VETERAN (See Paragraph F of the "Instructions")			
15. REMARKS			
I CERTIFY that the statements made in this document are true and complete to the best of my knowledge. I further certify that the deceased veteran is eligible, in accordance with the attached instructions, for issue of a United States flag for burial purposes, and such flag has not been previously applied for or furnished.			
16. SIGNATURE OF APPLICANT (Sign in INK)	17. ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., and ZIP Code)	18. RELATIONSHIP TO DECEASED	19. DATE SIGNED

PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine, imprisonment, or both.

ACKNOWLEDGMENT OF RECEIPT OF FLAG

I CERTIFY that the flag requested by the applicant will be used to drape the casket of the deceased in whose honor it is issued by the Department of Veterans Affairs, and that Item 6 of the "Use Of The Flag" instructions on the attached sheet will be complied with.

SIGNATURE OF PERSON RECEIVING FLAG (Sign in INK)		DATE FLAG RECEIVED	
NAME AND ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT		FOR VA USE	
		DATE NOTIFICATION FORWARDED TO SUPPLY	INITIALS OF RESPONSIBLE VA EMPLOYEE

VA FORM 27-2008, FEB 2012

EXISTING STOCKS OF VA FORM 21- 2008, SEP 2005, WILL BE USED.

This stub is to be completed by the POSTMASTER or other issuing official. Upon receipt the VA Regional Office will detach and forward it to the appropriate Supply Officer.

NOTIFICATION OF ISSUANCE OF FLAG

DATE FLAG ISSUED	SIGNATURE OF POSTMASTER OR OTHER ISSUING OFFICIAL	ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT
FOR VA USE		DATE OF REPLACEMENT

VA FORM 27-2008
FEB 2012

EXISTING STOCKS OF VA FORM 21- 2008, SEP 2005, WILL BE USED.

SEE REVERSE

**UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS**



Presidential Memorial Certificates

A Presidential Memorial Certificate (PMC) is an engraved paper certificate, signed by the current President, to honor the memory of honorably discharged deceased Veterans.

History

This program was initiated in March 1962 by President John F. Kennedy and has been continued by all subsequent Presidents. Statutory authority for the program is Section 112, Title 38, of the United States Code.

Administration

The Department of Veterans Affairs (VA) administers the PMC program by preparing the certificates which bear the current President's signature expressing the country's grateful recognition of the Veteran's service in the United States Armed Forces.

Eligibility

Eligible recipients include the next of kin and loved ones of honorably discharged deceased Veterans. More than one certificate may be provided.

Application

Eligible recipients, or someone acting on their behalf, may apply for a PMC in person at any VA regional office or by U.S. mail or toll-free fax. Requests cannot be sent via email. Please be sure to enclose a copy of the Veteran's discharge and death certificate to verify eligibility, as we cannot process any request without proof of honorable military service. Please submit copies only, as we will not return original documents.

If you would like to apply for a Presidential Memorial Certificate, or if you have already requested one more than sixteen (16) weeks ago and have not received it yet, please call 1-202-565-4964 to find out the status of your request. Please do not send a second application unless we request you to do so.

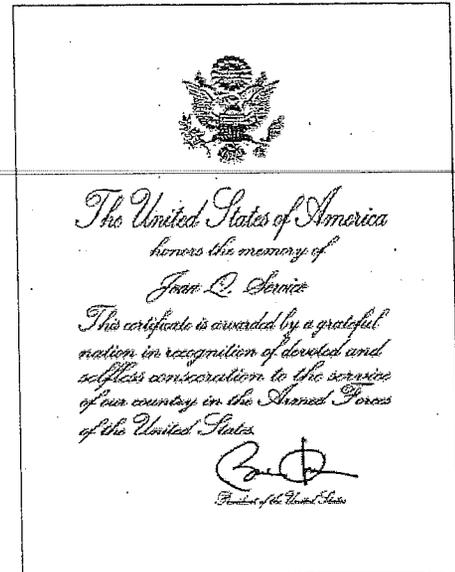
[VA Form 40-0247 Application for Presidential Memorial Certificate](#)

[Instructions for Ordering a PMC Using Our Toll Free Fax Line](#)

If you have any questions about a certificate you have received, a request you have already sent in, or about the program in general, please use the "Contact Us" link at the top of the page.

Veteran Service Officers and Funeral Homes - If you have questions about the status of a request please contact us at 1-202-565-4964. You may also send request for status by email to pmc@va.gov. Our application form (VA Form 40-0247) is shown above. Please save this form to your computer and make as many copies as you might need.

We do not administer to other VA programs and we do not have access to military documents or records. For assistance with other VA benefits or records please use the "Contact Us" link at the top of this page or you can call your closest VA Regional Office at 1-800-827-1000.



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Department of Veterans Affairs

PRESIDENTIAL MEMORIAL CERTIFICATE REQUEST FORM

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average two minutes per response. Statutory authority for the Presidential Memorial Certificate (PMC) Program is 38 U.S.C. 112. The information requested is approved under OMB Control Number 2900-0567, and is necessary to allow eligible recipients (next of kin, other relatives or friends) to request additional certificates and/or replacement or correct certificates on receipt of the original PMC.

The National Cemetery Administration does not give, sell or transfer any personal information outside of the agency. VA may not conduct or sponsor, and you are not required to respond to this collection of information unless it displays a valid OMB Control Number. Responding to this collection is voluntary. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (005G2), 810 Vermont Avenue NW, Washington, DC 20420. **SEND COMMENTS ONLY.** Please do not send applications for benefits to this address.

INSTRUCTIONS: When inserting the veterans name below, **DO NOT** include nickname, military rank, or civilian title. Complete a new VA Form 40-0247 for each additional name and/or mailing address.

NAME OF VETERAN	NAME AND MAILING ADDRESS OF PERSON REQUESTING CERTIFICATE
NUMBER OF CERTIFICATES REQUESTED	
HOME OR WORK TELEPHONE NUMBER <i>(Include area code and do not insert spaces between numbers)</i>	SIGNATURE OF REQUESTOR

RETURN COMPLETED FORM ALONG WITH A COPY OF THE DISCHARGE DOCUMENTS TO:

Presidential Memorial Certificates (41A1C)
National Cemetery Administration
5109 Russell Road
Quantico, VA 22134-3903

Fax To: 1 (800) 455-7143

Or

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next of kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **less than 62 years** ago and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STR's of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs approximately 40 days after the last day of active duty. (See item 3, Archival Records, if the military member was discharged, retired or died in service over 62 years ago.)

a. **Release of information:** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel records and/or STR's must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **must provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death; funeral director's signed statement of death, or verdict of coroner's jury.**

b. **Fees for records:** There is no charge for most services provided to service members or next of kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 or more years** ago have been transferred to the legal custody of NARA and are referred to as "archival" records.

a. **Release of Information:** Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next of kin is not required. However, in order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and preclude the release of some information.

b. **Fees for Archival Records:** Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). You will be notified if there is a charge for photocopies of documents contained in the record you are requesting. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

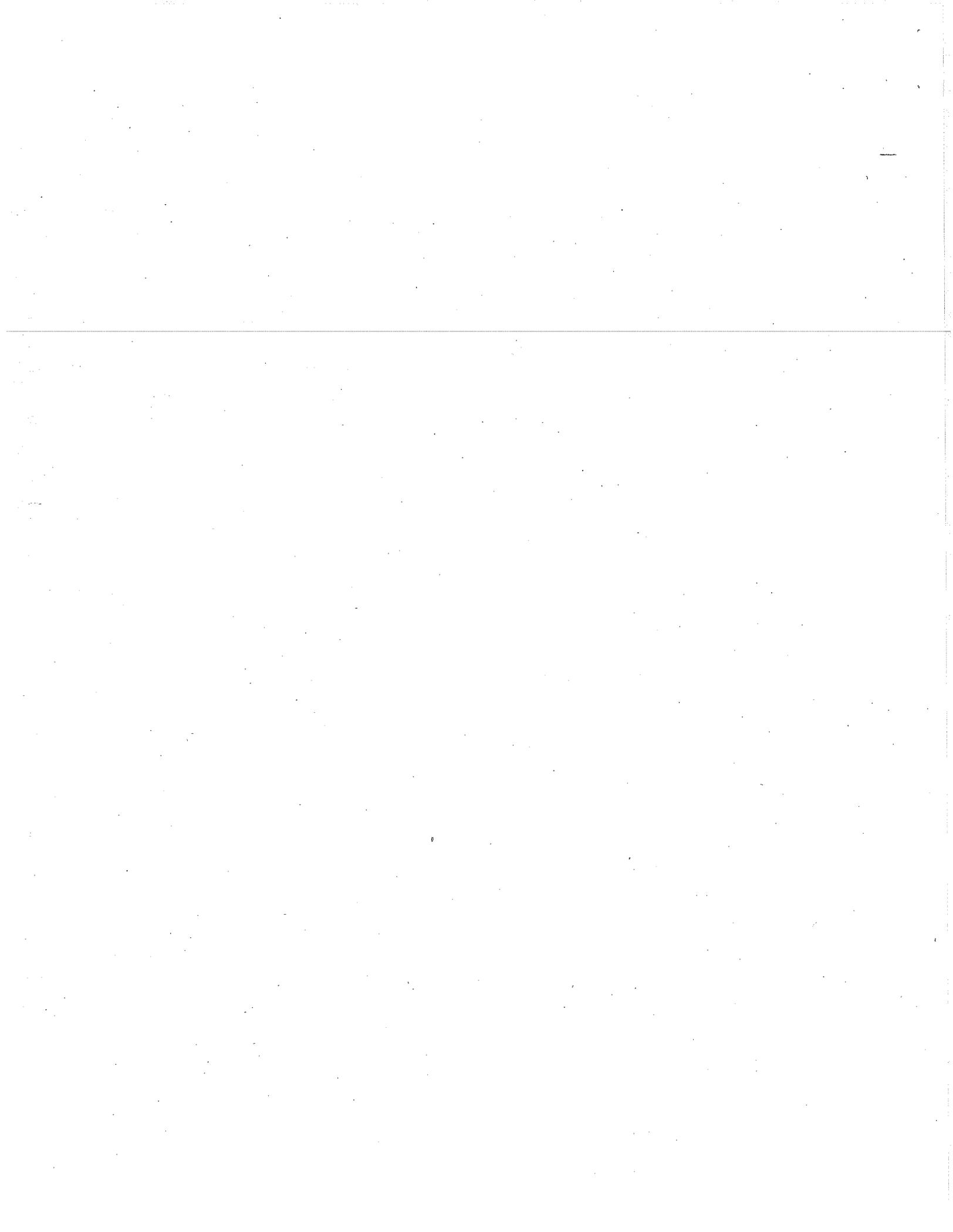
6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.



REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- DD Form 214 or equivalent.** When was the DD Form(s) 214 issued? YEAR(S): _____
 If more than one period of service was performed, even in the same branch, there may be more than one DD214.
 This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
 An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214.
 The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- All Documents in Official Military Personnel File (OMPF)**
- Medical Records** (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission must be provided: _____
- Other (Specify):** _____

2. PURPOSE: (An explanation of the purpose of the request is strictly voluntary; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- Benefits Employment VA Loan Programs Medical Genealogy Correction Personal
- Other, explain: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.

- Military service member or veteran identified in Section I, above Legal guardian (Must submit copy of court appointment.)
- Next of kin of deceased veteran: _____ Other (specify) _____
(Relationship)

MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.

2. SEND INFORMATION/DOCUMENTS TO:
 (Please print or type. See item 4 on accompanying instructions.)

3. AUTHORIZATION SIGNATURE WHEN REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.

Name	Signature Required - Do not print	Date
Street	() Daytime phone	() Fax Number
City	Email address	
State	Zip Code	

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired after 10/16/1992	14	11
	Active enlisted, officers	7	
	Former National Guard/USAR personnel	14	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-9001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTARA) 18420 E. Silver Creek Ave. Bldg. 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command ATTN: AHRC-PDR-V 1600 Spearhead Division Ave., Dept 420 Fort Knox, KY 40122-5402 askhrc.army@us.army.mil	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (PSD-MR) MS7200 US Coast Guard 4200 Wilson Blvd., Suite 1100 Arlington, VA 29598-7200 http://uscg.mil/psc/adm	8	<i>Reserved.</i>	13	<i>Reserved.</i>
4	Headquarters U.S. Marine Corps Manpower Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	<i>Reserved.</i>	14	National Personnel Records Center (Military Personnel Records) 1 Archives Dr. St. Louis, MO 63138-1002 eVetRecs! http://www.archives.gov/veterans/military-service-records/
5	Marine Forces Reserve 4400 Dauphine St. New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-312E) 5720 Integrity Drive Millington, TN 38055-3120		