

 Department of Veterans Affairs **CLAIM FOR STANDARD GOVERNMENT HEADSTONE OR MARKER**

**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. Failure to complete each block may result in delayed processing. *Blocks outlined in bold are optional inscription items. PLEASE INCLUDE MILITARY DISCHARGE DOCUMENTS.*

1. DID VA PREVIOUSLY DETERMINE ELIGIBILITY FOR BURIAL AT A VA NATIONAL CEMETERY?  
 YES  NO  UNSURE

2. TYPE OF REQUEST  
 INITIAL REQUEST (First time)  
 REPLACEMENT (Specify reason in Block 33, Remarks)

3. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (No Nicknames or titles permitted)

FIRST (Or Initial)	MIDDLE (Or Initial)	LAST	SUFFIX (Sr., Jr., II, III, etc.)
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4. GRAVE IS:  
 CURRENTLY MARKED (with privately purchased marker)  
 NOT MARKED

5. RACE OR ETHNICITY (You may select more than one. Information will be used for statistical purposes only.)  
 AMERICAN INDIAN OR ALASKA NATIVE  NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER  
 BLACK OR AFRICAN AMERICAN  WHITE  
 HISPANIC OR LATINO  OTHER (Specify) \_\_\_\_\_

6. GENDER (Information will be used for statistical purposes only.)  
 MALE  
 FEMALE

7. AGE AT TIME OF DEATH

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

8. VETERAN'S SOCIAL SECURITY NO. AND/OR SERVICE NO. AND/OR SVC. NO.:  
SSN: \_\_\_\_\_ AND/OR SVC. NO.: \_\_\_\_\_

9. PLACE OF BIRTH (City and State or Country)

10A. DATE OF BIRTH

MONTH	DAY	YEAR
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10B. DATE OF DEATH

MONTH	DAY	YEAR
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PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 33)

11A. DATE(S) ENTERED			11B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR

12. HIGHEST RANK ATTAINED (No pay grades)

13. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 12)

ARMY	NAVY	CORPS	COAST GUARD	AIR FORCE	AIR MARINE	MERCHANT MARINE	OTHER (Specify)
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14. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided)

MEDAL OF HONOR	DST	SVC CROSS	SILVER STAR	DST	FLYING CROSS	PURPLE HEART	AIR MEDAL	OTHER (Specify)
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15. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)

FLAT BRONZE	FLAT GRANITE	UPRIGHT MARBLE	FLAT MARBLE	BRONZE NICHE	UPRIGHT GRANITE	SMALL FLAT GRANITE
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16. WAR SERVICE (Check applicable box(es))

<input type="checkbox"/> WORLD WAR II	<input type="checkbox"/> PERSIAN GULF
<input type="checkbox"/> KOREA	<input type="checkbox"/> AFGHANISTAN
<input type="checkbox"/> VIETNAM	<input type="checkbox"/> IRAQ
<input type="checkbox"/> OTHER (Specify) _____	

17. EMBLEM OF BELIEF (Optional)  
EMBLEM NUMBER (Specify) (See page 5 for available emblems)  
 \_\_\_\_\_  
 NONE

18. ADDITIONAL INSCRIPTION/TERM OF ENDEARMENT (Optional) (Space will vary according to type of marker)

19a. NAME AND MAILING ADDRESS OF APPLICANT (No., Street, City, State, and ZIP Code)

19b. DAYTIME OR CELL PHONE NO. OF APPLICANT (Include Area Code)

19c. E-MAIL ADDRESS (Optional)

19d. FAX NO. (Optional)

20. ARE YOU:

<input type="checkbox"/> FAMILY MEMBER (Specify relationship) _____	<input type="checkbox"/> VETERANS SERVICE OFFICER	<input type="checkbox"/> CEMETERY MANAGEMENT (where the unclaimed remains are buried)
<input type="checkbox"/> PERSONAL REPRESENTATIVE (Person responsible for decisions concerning burial of decedent; include written authorization)	<input type="checkbox"/> FUNERAL HOME MANAGEMENT (that received the unclaimed remains)	<input type="checkbox"/> OTHER (Specify) _____

21. I WOULD LIKE A PRESIDENTIAL MEMORIAL CERTIFICATE  
 YES  NO

22. IF "YES" HOW MANY?

**CERTIFICATION:** By signing below I certify the headstone or marker will be installed in the cemetery listed in block 27 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge. I also certify, to the best of my knowledge, that the decedent has never committed a serious crime, such as murder or other offense that could have resulted in imprisonment for life, has never been convicted of a serious crime, and has never been convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.

**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 or for the fraudulent acceptance of any benefit to which you are not entitled.

23. SIGNATURE OF APPLICANT

24. DATE (MM/DD/YYYY)

25. 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) MUST SIGN IN BLOCK 28

26. DAYTIME OR CELL PHONE NO. OF CONSIGNEE (Include Area Code)

27. NAME AND ADDRESS OF CEMETERY OR FAMILY PLOT WHERE GRAVE IS LOCATED (No., Street, City, State, and ZIP Code) MUST SIGN IN BLOCK 30

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

28. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 25

29. DATE (MM/DD/YYYY)

**CERTIFICATION:** By signing below I certify the type of headstone or marker checked in block 15 is permitted in the cemetery named in block 27.

30. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL

31. DAYTIME PHONE NO OF CEMETERY (Include Area Code)

32. DATE (MM/DD/YYYY)

33. REMARKS

34. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN BELOW (e.g., buried at sea, remains scattered, etc.)  
 REMAINS NOT BURIED

35. SECTION/GRAVE NO. (State Cemetery Only)