OMB Approved No. 2900-0013 Respondent Burden: 15 Minutes Expiration Date: 3-31-2015

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 19 uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United Statistic interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA Education, and Vocational Rehabilitation and Programs and Vocational Rehabilitation and Programs Vocational Rehabilitation and Programs Vocational Rehabilitation and Programs Vocational Rehabilitation and Vocati	201 201 20 2 1 1 2 2 1
Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or rete 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 he 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 entitlen 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 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 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 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.	ates, litigation in which the United States is a party or has an A system of records, 58VA21/22/28, Compensation, Pension, ain benefits. Giving us the veteran's SSN account information his or her SSN unless the disclosure of the SSN is required by ment to benefits under the law. The responses you submit are 8 U.S.C. 2301). Title 38. United States Code, allows us to ask
IMPORTANT - Postmaster or other issuing official: Submit this form to the nearest VA regional office. Be sure to compl	elete the stub at the bottom.
INFORMATION ABOUT THE DECEASED VETERAN (Complete as much as (Information provided is considered essential when applying for other VA ben	manaihla)
1. FIRST, MIDDLE, LAST NAME OF VETERAN (Print or type) 2. MAIDEN NAME OR OTHER NAME(S) VETERAN (Print or type)	
3. VA FILE NUMBER 4. SOCIAL SECURITY NUMBER 5. MILITARY SER	RVICE NUMBER/SERIAL NUMBER
6. BRANCH OF SERVICE (Check box) ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD SELECTED SERVICE	OTHER (Specify)
7. DATE ENTERED ACTIVE DUTY (or Selected Reserve) 8. DATE RELEASED FROM ACTIVE DUTY (or Selected Reserve) 9. DATE OF BIRTH	and the second s
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 CF "Instructions") YES NO (If "No," explain in Item 15, "Remarks" (See paragraph E of the "Instructions"))	RITERIA? (See Paragraphs C, D, and E of the
INFORMATION ABOUT THE FLAG RECIPIENT AND APPLICANT 14A. NAME OF PERSON ENTITLED TO RECEIVE FLAG 14B. RELATIONSHIP OF DECEASED VETER.	
14A. NAME OF PERSON ENTITLED TO RECEIVE FLAG 14B. RELATIONSHIP OF DECEASED VETER	AN (See Paragraph F of the "Instructions")
14C. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG (Number and street or rural route, city or P.O., State and ZIP Cod	de) 14D. TELEPHONE NUMBER
15. REMARKS	
1 CERTIFY that the statements made in this document are true and complete to the best of my knowledge. I further certify that the deceased instructions, for issue of a United States flag for burial purposes, and such flag has not been previously applied for or furnished.	veteran is eligible, in accordance with the attached
16 SIGNATURE OF ARRUGANT (C) - 1 MIC)	ONSHIP TO DECEASED 19. DATE SIGNED N
PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punishe	ed by a fine, imprisonment, or both
ACKNOWLEDGMENT OF RECEIPT OF FLAG (ONLY ONE FLAG MAY BE ISSUED FOR EACH	H DECEASED VETERAN)
	LAG ISSUED
22. NAME AND ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT	FOR VA USE
DATE NOTIF FORWARDEI	
/A FORM 27-2008, JUL 2012 SUPERSEDES VA FORM 27-2008, FEB 2012, WHICH WILL NOT BE USE	ED.
This stub is to be completed by the POSTMASTER or other issuing official. Upon receipt the VA Regional the appropriate Supply Officer.	al Office will detach and forward it to
NOTIFICATION OF ISSUANCE OF FLAG	
DATE FLAG ISSUED ISSUING POINT TELEPHONE NO. ADDRESS OF POST OFFICE OR OTHER FL	AG ISSUE POINT
SIGNATURE OF POSTMASTER OR OTHER ISSUING OFFICIAL	



Department

NAME OF VETERAN

Department of Veterans Affairs

PRESIDENTIAL MEMORIAL CERTIFICATE REQUEST FORM

Fax To: 1 (800) 455-7143

NAME AND MAILING ADDRESS OF PERSON REQUESTING CERTIFICATE

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.

NUMBER OF CERTIFICATES
REQUESTED

HOME OR WORK TELEPHONE NUMBER
(Include area code and do not insert spaces between numbers)

I certify, to the best of my knowledge, that the decedent has never committed a Capital Crime or was never convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.

SIGNATURE OF REQUESTOR

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

Presidential Memorial Certificates (41B3) National Cemetery Administration 5109 Russell Road

Or

Quantico, VA 22134-3903

VA FORM 40-0247

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.

Check the Status

If you have already requested a PMC 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. 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.



A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE, OR FEDERA	21B. AMOUNT		21C. SOURCE(S)			
AGENCY?	s					
YES NO (If "Yes," complete Items 21B and 21C) WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION		URIAL INSURANCI	?			
YES NO (Before answering, read and comply with Instruct				4		
PART	III - CLAIM FOR PL	OT COST ALLOW	VANCE			
MPORTANT - Complete only if burial was NOT in a national	cemetery or cemetery	owned by the Feder	al Government.	ý.		
WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERME A STATE OWNED CEMETERY, OR SECTION THEREOF, US PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETE	NT) IN SED SOLELY FOR	24. PLACE OF BUI	RIAL OR LOCATION OF	CREMAINS		
YES NO			201105	25C. DATE OF PAYMENT		
SA. COST OF BURIAL PLOT (Individual Grave Site, Mausoleum Va Columbarium Niche)	ult, or	25B, DATE OF PU	RCHASE	250. DATE OF PATMILINI		
\$ SA. HAVE BILLS BEEN PAID IN FULL?	26B. AMOUNT PAID		27. WHOSE FUNDS W	VERE USED?		
YES NO (If "No," complete Items 26B and 27)	\$	7				
8A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	28B. AMOUNT OF RE	IMBURSEMENT	28C. SOURCE OF RE	IMBURSEMENT		
YES NO (If "Yes,"complete Items 28B and 28C)	\$					
9A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL	29B. AMOUNT		29C. SOURCE			
AGENCY? YES NO (If "Yes, "complete Items 29B and 29C)	\$					
PAI	RT IV - CERTIFICAT	ION AND SIGNA	TURE			
CERTIFY THAT the foregoing statements made in co.	nnection with this ap	oplication on acco	ount of the named vet	eran are true and correct to		
ne best of my knowledge and belief. OA. SIGNATURE OF CLAIMANT (If signed using an "X", complete				I SIGNING ON BEHALF OF FIRM,		
(If signing for firm, corporation, or State agency, complete Items : 1. FULL NAME AND ADDRESS OF THE FIRM, CORPORATIO			ATION OR STATE AGEN			
NOTE - Where the claimant is a firm or other unpaid creditor, I CERTIFY THAT the foregoing statements made by the clair 32A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICE complete Items 36A thru 37B)	mant are correct to the	best of my knowled	ige and belief.	athorized services. IG SERVICES (Type or Print)		
	igm c. I.i					
33. ADDRESS (Number and street or rural route, city or P.O., State of	and ZIP Code)					
34. DATE 35. RELATIONS	SHIP TO VETERAN					
	VITNESS TO SIGNA	TURE IF MADE	BY "X"			
NOTE - If claimant signed above using an "X", signature mus signatures and addresses of such witnesses must be shown bel	st be witnessed by two	persons to whom th	e person making the sta	tement is personally known, and the		
36A. SIGNATURE OF WITNESS		36B. ADDRES	S OF WITNESS			
37A. SIGNATURE OF WITNESS		37B. ADDRES	37B. ADDRESS OF WITNESS			
PENALTY - The law provides severe penalties which include knowing it to be false.						
DEPARTMENT Of The Department of Veterans Affairs will furnish, upon resulting of certain individuals eligible for burial in a national certain discharge who dies after service or any serviceman or sermarker. Headstones or markers for all individuals in a national information on burial benefits go to the Government Headstone or Marker go to						

VA FORM 21-530, MAY 2012

Page 4

Form approved, OMB No. 2900-0222 Respondent Burden: 15 minutes

Department of Veterans Affairs	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 incompanion of the country of the c							orrect	
headstone or marker or delivery. Blocks outlined in bold are optional inscription items. Unless indicated otherwise all other blocks must be completed. MILITARY DISCHARGE DOCUM						CIMENTS		
OR RELATED SERVICE INFORMATION ARE REQUIRED.								
2. NAME OF DECEASED TO BE INSCRIBED ON HEAD	STONE OR MARKER (NO N.	CKNAMES OR TI	TLES PERMITTE	D)	3. GRAVE IS:			
FIRST (Or Initial) MIDDLE (Or Initial)	LAST		SUFF			ITLY MARKED		
						ately purchased m	arker)	
					☐ NOT MAI	RKED		
VETERAN'S SEF 4. VETERAN'S SOCIAL SECURITY NO. OR SERVICE N	RVICE AND IDENTIFYING	INFORMATIC	N (Use number	s only, e.g., 0	5-15-1941)			
4. VETERANOS SOCIAL SECURITI NO. OR SERVICE I	10.				Y (For additiona			
SSN: OR SVC. NO	.:		DATE(S) ENTER			6B. DATE(S) SEPARATED		
5A. DATE OF BIRTH 5B	DATE OF DEATH	MONTH	DAY	YEAR	MONTH	DAY	YEAR	
MONTH DAY YEAR MONTH	DAY YEAR	1						
	12.11							
7. HIGHEST RANK ATTAINED (No pay grades) 8. BR	ANCH OF SERVICE (Check	applicable box(es)	- must be consiste	nt with rank in	Box 7)			
ARM	MARINE Y N <u>AV</u> Y CORPS	COAST GUARD AIR	FORCE AIR			OTHER (Specify)		
9. VALOR OR PURPLE HEART AWARD(S) (Documen	tation must be provided) BRONZE			SERVICE (Ch	eck applicable t			
MEDAL OF DST SVC NAVY AIR FORCE SILVE HONOR CROSS CROSS CROSS STAR	01711	THER p <u>ecif</u> y)	WORLD WAR II	KOREA VI	PERS ETNAM GULF	IAN OTHER (Specify)		
11. TYPE OF HEADSTONE OR MARKER REQUESTED	(Check one)	12. DESIRED E	MBLEM OF BE	LIEF				
FLAT FLAT UPRIGHT FLAT	BRONZE UPRIGHT		EMBLEM NUM	MBER				
BRONZE GRANITE MARBLE MARBLE	NICHE GRANITE	NONE	(Specify) (See re	everse side of th	is form for availab	ole emblems)	- 1	
B G U F 13A. NAME AND MAILING ADDRESS OF APPLICANT	z v		Ц					
(No., Street, City, State, and ZIP Code)	13B. DAYTI	ME PHONE NO.	OF APPLICANT	Ī				
	14 E-MAII	ADDRESS (Option						
	IT. E-IMAIL.	HUDRESS (Upilo	onai)					
	15. FAX NO	. (Optional)						
16. ARE YOU:	James Carlo Control (1980) And Carlo							
NEXT OF KIN (Specify relationship)	AUTHORIZED REPRESENT BEHALF OF DECEDENT (In Authorization)	ATIVE ON clude Written		NEXT OF K	ED REPRESENT IN (Include Writter	ATIVE ON BEH n Authorization)	ALF OF	
CERTIFICATION: By signing below I certify the		ne installed in t	he cemetery lie	ted in block	21 at no avnan	na ta tha Gayar		
initionination entered on this form is true and correct	to the best of my knowledg	e lalco certifi	to the heet of	my knowle	doe that the do	cedent has nev	er committed	
a Capital Crime or was never convicted of a sexual 17. SIGNATURE OF APPLICANT	offense for which he or she	was sentenced	to a minimum	of life impri	sonment.			
17. SIGNATURE OF APPLICANT				18. DATE (M	(M/DD/YYYY)			
.,								
 NAME AND DELIVERY ADDRESS OF BUSINESS (I ACCEPT PREPAID DELIVERY (No., Street, City, State 		20. DAYTIME I (Include Are			ND ADDRESS (NI LOCATED (N			
IS NOT ACCEPTABLE	,,=======	(menuae me	a coue)	ZIP Code		o., sireei, City, si	aie, ana	
CERTIFICATION: By signing below I agree	to accept prepaid delive	y of the head	stone or mar	ker.				
22. PRINTED NAME AND SIGNATURE OF PERSON RI	PRESENTING BUSINESS (C	ONSIGNEE) NA	MED IN BLOCK	< 19	23. DATE	(MM/DD/YYYY)		
CERTIFICATION: By signing below I certify	the type of headstone or	marker chec	ked in block	11 is permi	tted in the cer	netery named	d in block 21.	
24. PRINTED NAME AND SIGNATURE OF CEMETERY OFFICIAL	OR OTHER RESPONSIBLE	25. DAYTIME F	PHONE NO. (Inc	lude Area Cod	e) 26. DATE	(MM/DD/YYYY)		
7. REMARKS (Additional inscription space will vary in size according to the type of marker)								
	_ 2/ 3/							
28. CHECK BOX BELOW IF REMAINS ARE NOT BURIE	D AND EXPLAIN IN BLOCK 2	7 29. SECTIO	N/GRAVE NO.	(State Cemeter	y Only)			
(e.g., buried at sea, remains scattered, etc.)	MAINS NOT BURIED							

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VA FORM 40-1330

OMB Approved No. 2900-0003 Respondent Burden: 22 minutes

APPLICATION FOR BURIAL BENEFITS (Under 38 U.S.C. Chapter 23) IMPORTANT - Read instructions carefully before completing form. YOUR COMPLANCE WITH ALL INSTRUCTIONS WILL A VOID DELAY. Type or print all information. I-REST, MIDDLE, LAST NAME OF EXESSED VETERAN 2. SOCIAL SECURITY NUMBER OF VETERAN 3. VA FILE NUMBER 4. FIRST, MIDDLE, LAST NAME OF CLAIMANT 5. TELEPHONE NUMBER; (Include dree Code) 80. IF CLAIMANT IS A PUNERAL HOME PROVIDE THE EMPLOYER IDENTIFICATION NUMBER (EIN) 90. IF CLAIMANT IS A PUNERAL HOME PROVIDE THE EMPLOYER IDENTIFICATION NUMBER (EIN) PART I - INFORMATION REGARDING VETERAN 80. DATE OF BIRTH 81. DATE OF BIRTH 80. DATE OF BIRTH 81. DATE OF BIRTH 81. DATE OF BIRTH 82. DATE OF BIRTH 83. DATE OF BIRTH 84. DATE OF BIRTH 85. DATE OF BIRTH 86. DATE OF BIRTH 87. DATE OF BIRTH 87. DATE OF BIRTH 87. DATE OF BIRTH 88. PLACE OF BIRTH 88. PLACE OF BIRTH 89. PLACE OF BIRTH 80. DATE OF BIRTH 80. DATE OF BIRTH 80. DATE OF BIRTH 81. DATE OF BIRTH 81. DATE OF BIRTH 82. DATE OF BIRTH 83. DATE OF BIRTH 84. DATE OF BIRTH 85. DATE OF BIRTH 85. DATE OF BIRTH 86. DATE OF BIRTH 87. DATE OF BIRTH 87. DATE OF BIRTH 88. PLACE OF BIRTH 88. PLACE OF BIRTH 89. BERVICE INFORMATION (The fillowing information should be jumbished for the periods of the YETERAN'S ACTIVE SERVICE) 96. SERVICE 96. SERVICE 96. SERVICE 96. SERVICE 97. DATE OF BIRTH 97. DATE OF BIRTH 98. DATE OF BIRTH 99. DA	😢 Depai	rtment of Vetera	ns Affairs				DO NOT WRITE IN THIS SPACE) (VA DATE STAMP)			
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	VA FORM 21-5	530		STING STOCKS			Page 3			



REQUEST PERTAINING TO MILITARY RECORDS

* Requests from v	veterans or deceased veteran's next-of	kin may be submitted or	line by using eVetRecs at	http://www.arc	hives.gov/vetera	ns/military-service-records/*
(To ensure th	ne best possible service, please thor	oughly review the accor	npanving instructions he	fore filling out	this form Plea	ase print clearly or type 1
chi, a di di	SECTION I - INFORMA	TION NEEDED T	D LOCATE RECO	RDS (Furni	sh as much	s possible.)
1. NAME USEI	D DURING SERVICE (last, first, a		OCIAL SECURITY NO.		OF BIRTH	4. PLACE OF BIRTH
5. SERVICE, PA	AST AND PRESENT	(For an effec	tive records search, it is	mnortant that	all service he sh	your below)
64 0 EV-5000 - 0	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER		SERVICE NUMBER
	Didn't of the tree	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	(If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT			,			
c. NATIONAL						
GUARD				D 1883		
6. IS THIS PER	SON DECEASED? If "YES" enter D YES	the date of death.	7. IS (WAS) T	HIS PERSON	RETIRED FRO	OM MILITARY SERVICE?
	SECTION II	-INFORMATIO	N AND/OR DOCUM	TENTS RE	QUESTED	Berlin - est il me cultura di la la
1. CHECK THI	E ITEM(S) YOU ARE REQUEST					The state of the s
DD Form	m 214 or equivalent. When was than one period of service was per	the DD Form(s) 214 is	sued? YEAR(S):	e more than o	one DD214	V-1
	n contains information normally					ecessed veteran's next of him as
other per	sons or organizations if authorize	d in Section III, below	. An UNDELETED D	D214 is ordin	narily require	d to determine eligibility for
benefits.	Sensitive items, such as, the cha	racter of separation, ar	athority for separation,	reason for sep	paration, reenlis	stment eligibility code,
	on (SPD/SPN) code, and dates of					
An unde	eleted copy will be sent unless ye	ou specify a deleted co	opy. Indicate here if	ou want a de	eleted copy of	the DD Form 214
separatio	owing items are deleted: authority ons after June 30, 1979, character	of separation, reasor of separation and dates	n for separation, reenlist s of time lost.	ment eligibili	ty code, separa	ation (SPD/SPN) code, and for
All Docu	iments in Official Military Pers	onnel File (OMPF)				
Medical date for e	Records (Includes Service Treat each admission must be provided	ment Records, Health	(outpatient) and dental	records.) If h	ospitalized (inp	patient), the facility name and
Other (S	Specify):		11000 10000 10000 1000			
PURPOSE: response and ma	(An explanation of the purpose of th	If the request is strictly	voluntary; however, so way be used to make	such informat a decision to	ion may help to	provide the best possible
☐ Benefits	☐ Employment ☐	VA Loan Programs	☐ Medical ☐	1 1001	☐ Corre	44 Page 250
Other, ex		VII Domi I rograms		Genealogy	☐ Cone	ction Personal
	SEC SEC	TION III - RETUR	N ADDRESS AND	SIGNATUI	E	
1. REQUESTER "other" authorized	R IS: (Signature Required in # 3 be drepresentative, provide copy of auth	low of veteran, next of kit orization letter.) No sig	n, legal guardian, authoriz nature required for Archiv	ed government val records.	agent or "other	" authorized representative. If
Military	service member or veteran identifie	ed in Section Labove	T Legal	mardian (Moo	submit com	f court appointment.)
The second of the second	kin of deceased veteran:			specify)	г ѕаотт сору от	court appointment.)
MUST HAVE	PROOF OF DEATH - See item 2a	(Relationship)	3. AUTHORIZAT	ION SIGNAT	URE WHEN	REQUIRED (See items 2a or 3a
		on moduction spect.	on accompanying in	structions.) I	declare (or certi	fy, verify, or state) under penalty
(Please print or t	RMATION/DOCUMENTS TO: upe. See item 4 on accompanying in	astructions)	of perjury under the	laws of the U	Inited States of	America that the information in
	, and a second and	211 20110/25.9	this Section III is tru	e and correct.	No signature re	equired for Archival records.
Name			Signature Require	d - Do not prin	11	Date
Street		Apt.	Daytime phone		Fax 1) Number
		•	.au 1 € 1		DISTOR B	and the second section of the second section of the second section second section second section second section sectio
City	State	Zip Code	Email address			
This form is avai	lable at http://www.archives.gov/re	search/order/standard-)	form-180.pdf on the Nation	onal Archives	and Records Ad	Iministration (NARA) web site.



Department of Veterans Affairs

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.

DISCHAR	GE DOCU	MENTS OR	RELATED S	ERVICE	EINFORMAT	TON ARE I	EQUIR	ED.						
	1. NAME OF DECEASED VETERAN									2. GRAVE IS:				
FIRST (Or Init	tial)	MIDDI	LE (Or Initial)	LAS	ST			SUFFI	×		CURRENTLY MARKED (with privately purchased marker) NOT MARKED			
		VETE	PAN'S SERVI	CE AND	IDENTIFYING	INFORMATIO	ON (Use i	numbers	only, e.g., 0	5-15-194	<i>‡1)</i>			
3 VETERAN'	S SOCIAL SE	FCURITY NO. O	R SERVICE NO.	OL 7111D	IDERTII TIIVO		Р	ERIOD	S OF ACTI	VE MILI	TARY	DUTY		
J. VE1EIV	0 000, 12 -1					5A.	DATE(S)	ENTER	ED		5B. D	ATE(S) SEPAR	ATED	
SSN:			SVC. NO.:		ř.	MONTH	DA	ΑY	YEAR	MOI	NTH	DAY	YEAR	
4A.	. DATE OF B	IRTH	4B. D	ATE OF D	EATH									
MONTH	DAY	YEAR	MONTH	DAY	YEAR		-							
6. BRANCH C U.S. AIR FO ARMY NAVY	MARI	ORCE	COAST GUA	ARD ORCES (V	WII) T WA	ERCHANT MAR HER (USAAC,	INE	he medali N, USMC	ion, i.e. U.S. 2 C, USCG, etc.		(Chec	ALLION SIZE R k one) (Refer to act sizes) 5 INCH (M5) 3 INCH (M3) 1-1/2 INCH (M1 HONE NO. OF	instructions)	
15 at no ex	xpense to th	ne Governmen	t, and that I (or	the model	AUTHORIZED RI DECEDENT (Incl AUTHORIZED RI NEXT OF KIN (Incl Ilion will be after the second	EPRESENTAT	VE ON Bi	EHALF (OF	or mar	ker in t	DRESS (Optional he cemetery lone entered or	isted in Block	
true and co	orrect to the	e best of my ki	nowledge.											
12A. SIGNA	ATURE OF A	PPLICANT					12B. DAT							
(No., Str	AND DELIVE reet, City, State nt, please enter	and ZIP Code);	FOR MEDALLION (If same as		AYTIME PHONE nclude Area Code)		PURG	CHASE	DDRESS OI DHEADSTOI (No., Street, C	NE OR M	ARKER		ELY ASED VETERAN	

VA FORM 40-1330M

