



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) (Information provided is considered essential when applying for other VA benefits.)

1. FIRST, MIDDLE, LAST NAME OF VETERAN (Print or type)		2. MAIDEN NAME OR OTHER NAME(S) VETERAN USED WHILE ON ACTIVE DUTY (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. RELATIONSHIP OF DECEASED VETERAN (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 Code)	14D. TELEPHONE NUMBER
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 VETERAN	19. DATE SIGNED
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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 (ONLY ONE FLAG MAY BE ISSUED FOR EACH DECEASED VETERAN)

20. SIGNATURE OF PERSON RECEIVING FLAG (Sign in INK)	21. DATE FLAG ISSUED
22. NAME AND ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT	FOR VA USE DATE NOTIFICATION FORWARDED TO SUPPLY STATION NUMBER

VA FORM 27-2008, JUL 2012

SUPERSEDES VA FORM 27- 2008, FEB 2012, WHICH WILL NOT 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	ISSUING POINT TELEPHONE NO.	ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT
SIGNATURE OF POSTMASTER OR OTHER ISSUING OFFICIAL		

VA FORM 27-2008
JUL 2012

SUPERSEDES VA FORM 27- 2008, FEB 2012,
WHICH WILL NOT BE USED.

SEE INSTRUCTIONS



 Department of Veterans Affairs		PRESIDENTIAL MEMORIAL CERTIFICATE REQUEST FORM	
<p>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.</p> <p>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.</p>			
<p>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.</p>			
NAME OF VETERAN		NAME AND MAILING ADDRESS OF PERSON REQUESTING CERTIFICATE	
NUMBER OF CERTIFICATES REQUESTED	HOME OR WORK TELEPHONE NUMBER (Include area code and do not insert spaces between numbers)		
<p>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.</p>			
SIGNATURE OF REQUESTOR			
<p align="center">RETURN COMPLETED FORM ALONG WITH A COPY OF THE DISCHARGE DOCUMENTS TO:</p>			
Presidential Memorial Certificates (41B3) National Cemetery Administration 5109 Russell Road Quantico, VA 22134-3903		Or	Fax To: 1 (800) 455-7143

VA FORM 40-0247
MAY 2013

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.



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)	
22. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO (Before answering, read and comply with Instruction 7 on Page 2)					
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		
25A. COST OF BURIAL PLOT (Individual Grave Site, Mausoleum Vault, or Columbarium Niche) \$		25B. DATE OF PURCHASE		25C. DATE OF PAYMENT	
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?	
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	
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	
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		
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)		
33. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)					
34. DATE		35. RELATIONSHIP TO VETERAN			
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		
37A. SIGNATURE OF WITNESS			37B. ADDRESS OF WITNESS		
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 on burial benefits go to the web site, www.cem.va.gov/bbene_burial.asp . To obtain VA Form 40-1330, Application for Standard Government Headstone or Marker go to www.va.gov/vaforms or contact your local VA regional office. The address of that office can be found at www.va.gov/directory .					





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 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)

FIRST (Or Initial)	MIDDLE (Or Initial)	LAST	SUFFIX
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3. GRAVE IS:

☐ CURRENTLY MARKED
(with privately purchased marker)

☐ 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.

SSN: _____ OR SVC. NO.: _____

PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)

5A. DATE OF BIRTH			5B. DATE OF DEATH			6A. DATE(S) ENTERED			6B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR	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	MARINE CORPS	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)

MEDAL OF HONOR	DST SVC CROSS	NAVY CROSS	AIR FORCE CROSS	SILVER STAR	BRONZE STAR MEDAL	PURPLE HEART	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"/>

10. WAR SERVICE (Check applicable box(es))

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

11. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)

FLAT BRONZE	FLAT GRANITE	UPRIGHT MARBLE	FLAT MARBLE	BRONZE NICHE	UPRIGHT GRANITE
<input type="checkbox"/> B	<input type="checkbox"/> G	<input type="checkbox"/> U	<input type="checkbox"/> F	<input type="checkbox"/> Z	<input type="checkbox"/> V

12. DESIRED EMBLEM OF BELIEF

EMBLEM NUMBER _____

(Specify) (See reverse side of this form for available emblems)

☐ NONE ☐

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. I also 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.

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.)

☐ REMAINS NOT BURIED

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





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

9C. SEPARATED FROM SERVICE

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

DATE

PLACE

NUMBER

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 page 4.

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 THE PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?

20B. AMOUNT OF REIMBURSEMENT

20C. SOURCE OF REIMBURSEMENT

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

\$

VA FORM
MAY 2012 **21-530**EXISTING STOCKS OF VA FORM 21-530,
JAN 2010, WILL BE USED

Page 3



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
- ☐ Next of kin of deceased veteran: _____ (Relationship)
- ☐ Legal guardian (Must submit copy of court appointment.)
- ☐ Other (specify) _____

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	Apt.	Daytime phone	Fax Number
City	State	Zip Code	Email address

This form is available at <http://www.archives.gov/research/order/standard-form-180.pdf> on the National Archives and Records Administration (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.**

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)) 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.								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"/> 3 INCH (M3) <input type="checkbox"/> 1-1/2 INCH (M1)	
<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) _____									
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)					
								11. E-MAIL ADDRESS (Optional)	
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)			

VA FORM 40-1330M
MAR 2012

