



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. TYPE OF REQUEST

- ☐ INITIAL REQUEST (First time)
☐ REPLACEMENT (Specify reason in Block 33, Remarks)

2. CHECK BOX IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 33 (e.g., buried at sea, remains scattered, etc.)

☐ REMAINS NOT BURIED

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.)

4. IS GRAVE CURRENTLY MARKED WITH A PRIVATELY PURCHASED, PERMANENT AND DURABLE MARKER

☐ YES ☐ NO

5. RACE OR ETHNICITY (You may select more than one. Information will be used for statistical purposes only.)

- ☐ ASIAN OR ASIAN AMERICAN ☐ AMERICAN INDIAN OR ALASKA NATIVE ☐ BLACK OR AFRICAN AMERICAN
☐ HISPANIC OR LATINO ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ NOT HISPANIC OR LATINO
☐ WHITE

6. SEX (Information will be used for statistical purposes only.)

- ☐ MALE ☐ FEMALE
☐ UNSPECIFIED OR ANOTHER GENDER IDENTITY

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

7. VETERAN'S SOCIAL SECURITY NO. AND/OR SERVICE NO.

SSN (999-99-9999):

SVC. NO:

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

9A. DATE OF BIRTH

MONTH

DAY

YEAR

9B. DATE OF DEATH

MONTH

DAY

YEAR

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

10A. DATE(S) ENTERED

10B. DATE(S) SEPARATED

MONTH

DAY

YEAR

MONTH

DAY

YEAR

11. HIGHEST RANK ATTAINED (Optional, but if included, no pay grade)

12. PRISONER OF WAR (Optional, but if included, documentation must be provided)

☐ POW ☐ FORMER POW (FPOW)

13. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 11)

- ☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ COAST GUARD
☐ AIR FORCE ☐ ARMY AIR FORCES ☐ MERCHANT MARINE
☐ SPACE FORCE ☐ PUBLIC HEALTH SVC.
☐ OTHER (Specify): _____

14. VALOR OR PURPLE HEART AWARD(S) (Optional, but if included, documentation must be provided)

- ☐ MEDAL OF HONOR ☐ DST SVC CROSS ☐ SILVER STAR
☐ DST FLYING CROSS ☐ PURPLE HEART ☐ AIR MEDAL
☐ OTHER (Specify): _____

15. TYPE OF HEADSTONE OR MARKER REQUESTED (Please ensure marker selection is permitted at selected cemetery) (Check one)

- ☐ (B) FLAT BRONZE ☐ (G) FLAT GRANITE ☐ (U) UPRIGHT MARBLE
☐ (F) FLAT MARBLE ☐ (Z) BRONZE NICHE ☐ (V) UPRIGHT GRANITE
☐ (L) SMALL FLAT GRANITE

16. PERIODS OF WAR (Optional, but if included, check all applicable box(es))

- ☐ WORLD WAR II ☐ PERSIAN GULF
☐ KOREA ☐ AFGHANISTAN
☐ VIETNAM ☐ IRAQ
☐ 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 TELEPHONE NUMBER OF APPLICANT (Include Area Code)

19C. E-MAIL ADDRESS (Optional)

19D. FAX NO. (Optional)

20. APPLICANT IS:

- ☐ FAMILY MEMBER (Specify relationship): _____
☐ VETERANS SERVICE OFFICER
☐ PERSONAL REPRESENTATIVE (Person responsible for decisions concerning burial of decedent; include written authorization)

21. IF REMAINS ARE UNCLAIMED, APPLICANT IS:

- ☐ FUNERAL HOME (that received remains)
☐ CEMETERY (where remains are buried)

22. PRESIDENTIAL MEMORIAL CERTIFICATE ((bearing the signature of the current President) the number you request to be mailed to you. VA will send one certificate if no quantity is indicated and "none" is not selected)

____ NUMBER REQUESTED ☐ NONE

CERTIFICATION: By signing below I certify the headstone or marker will be installed in the cemetery listed in block 29 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 the Veteran was sentenced to a minimum of life imprisonment or a period of 99 years or more.

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)
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CERTIFICATION: By signing below I agree to accept prepaid delivery of the headstone or marker for placement on the gravesite for which it is requested, or if placement on the grave is impossible or impractical, as close to the grave as possible within the grounds of the private or local governmental cemetery where the grave is located.

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 27	26. DAYTIME OR CELL PHONE NO. OF CONSIGNEE (Include Area Code)	27. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 25	28. DATE (MM/DD/YYYY)
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CERTIFICATION: By signing below I certify the type and placement of the headstone or marker in block 15 adheres to the policies and guidelines of the selected private cemetery in block 25.

29. NAME AND ADDRESS OF CEMETERY OR FAMILY PLOT WHERE GRAVE IS LOCATED (No., Street, City, State, and ZIP Code) MUST SIGN IN BLOCK 31	30. DAYTIME PHONE NO. OF CEMETERY (Include Area Code)	31. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL	32. DATE (MM/DD/YYYY)
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33. REMARKS	34. STATION NO. (State/Tribal Cemetery Only)
	35. SECTION/GRAVE NO. (State/Tribal Cemetery Only)