



## 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. Failure to complete each block may result in delayed processing. **PLEASE INCLUDE MILITARY DISCHARGE DOCUMENTS.**

|                             |                     |      |   |
|-----------------------------|---------------------|------|---|
| 2. NAME OF DECEASED VETERAN |                     |      | 3. THERE MUST BE A SET HEADSTONE, MAUSOLEUM, OR CRYPT IN PLACE TO AFFIX THE MEDALLION. IS THE GRAVE CURRENTLY MARKED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| FIRST (Or Initial)          | MIDDLE (Or Initial) | LAST |   |
|                             |                     |      | SUFFIX  |

|  |  |   |                         |
|--|--|---|-------------------------|
| 4. RACE OR ETHNICITY (You may select more than one. Information will be used for statistical purposes only.) |  | 5. GENDER (Information will be used for statistical purposes only.) | 6. AGE AT TIME OF DEATH |
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE  | <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | <input type="checkbox"/> MALE                                       |                         |
| <input type="checkbox"/> BLACK OR AFRICAN AMERICAN   | <input type="checkbox"/> WHITE                                     | <input type="checkbox"/> FEMALE                                     |                         |
| <input type="checkbox"/> HISPANIC OR LATINO  | <input type="checkbox"/> OTHER (Specify) _____                     |   |                         |

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

|   |   |
|---|---|
| 7. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO. | 8. PLACE OF BIRTH (City and State or Country) |
| SSN: _____                                      | SVC. NO.: _____                               |

| PERIODS OF ACTIVE MILITARY DUTY |     |      |                   |     |      |                      |     |      |                        |     |      |
|---------------------------------|-----|------|-------------------|-----|------|----------------------|-----|------|------------------------|-----|------|
| 9A. DATE OF BIRTH               |     |      | 9B. DATE OF DEATH |     |      | 10A. DATE(S) ENTERED |     |      | 10B. DATE(S) SEPARATED |     |      |
| MONTH                           | DAY | YEAR | MONTH             | DAY | YEAR | MONTH                | DAY | YEAR | MONTH                  | DAY | YEAR |
|                                 |     |      |                   |     |      |                      |     |      |                        |     |      |

11. 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.

ARMY   
  MARINE CORPS   
  COAST GUARD   
  MERCHANT MARINE   
  NAVY   
  AIR FORCE   
  ARMY AIR FORCES (WW II)

OTHER (USAAC, WAAC, etc.) (Specify) \_\_\_\_\_

12. MEDALLION SIZE REQUESTED (Check one) (Refer to general information sheet for exact sizes)

LARGE (M5)   
  MEDIUM (M3)   
  SMALL (M1)

13. ARE YOU:

FAMILY MEMBER (Specify relationship) \_\_\_\_\_   
  VETERANS SERVICE OFFICER   
  CEMETERY MANAGEMENT (where the unclaimed remains are buried)

PERSONAL REPRESENTATIVE (Person responsible for decisions concerning burial of decedent; include written authorization)   
  FUNERAL HOME MANAGEMENT (that received the unclaimed remains)

|   |                                   |                               |
|---|-----------------------------------|-------------------------------|
| 14. NAME AND MAILING ADDRESS OF CLAIMANT (No., Street, City, State, and ZIP Code) | 15. DAYTIME PHONE NO. OF CLAIMANT | 16. E-MAIL ADDRESS (Optional) |
|   |                                   |                               |

|   |                        |
|---|------------------------|
| 17. I WOULD LIKE A PRESIDENTIAL MEMORIAL CERTIFICATE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 18. IF "YES" HOW MANY? |
|   |                        |

**CERTIFICATION:** By signing below I certify the medallion will be affixed to a privately purchased headstone or marker in the cemetery listed in Block 23 at no expense to the Government, and that I (or the party listed in Block 21) have agreed to accept delivery, and all information entered on this claim 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.

|                           |                       |
|---------------------------|-----------------------|
| 19. SIGNATURE OF CLAIMANT | 20. DATE (MM/DD/YYYY) |
|                           |                       |

|   |   |   |
|---|---|---|
| 21. NAME AND DELIVERY ADDRESS FOR MEDALLION (No., Street, City, State, and ZIP Code); (If same as applicant, please enter SAME) | 22. DAYTIME PHONE NO. (Include Area Code) | 23. NAME AND ADDRESS OF CEMETERY WHERE PRIVATELY PURCHASED HEADSTONE IS IN PLACE OR A MAUSOLEUM, OR CRYPT TO AFFIX THE MEDALLION MARKER OF THE DECEASED VETERAN IS LOCATED (No., Street, City, State, and ZIP Code) |
|   |   |   |

**CERTIFICATION:** By signing below I certify the size medallion indicated above is permitted in the cemetery.

|                                    |                       |
|------------------------------------|-----------------------|
| 24. SIGNATURE OF CEMETERY OFFICIAL | 25. DATE (MM/DD/YYYY) |
|                                    |                       |