

 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) <i>(Include Area Code)</i>		6. E-MAIL ADDRESS OF CLAIMANT			
A. DAYTIME	B. EVENING				
7. MAILING ADDRESS OF CLAIMANT <i>(Number and street or rural route, city or P.O., State and ZIP Code)</i>					
8. RELATIONSHIP OF CLAIMANT TO DECEASED VETERAN <i>(Check one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> EXECUTOR/ADMINISTRATOR OF ESTATE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> PARENT					
PART I - INFORMATION REGARDING VETERAN					
9A. DATE OF BIRTH		9B. PLACE OF BIRTH			
10A. DATE OF DEATH		10B. PLACE OF DEATH	10C. DATE OF BURIAL		
10D. WHERE DID THE VETERAN'S DEATH OCCUR? <i>(Check one)</i> <input type="checkbox"/> VA MEDICAL CENTER <input type="checkbox"/> NURSING HOME UNDER VA CONTRACT <input type="checkbox"/> STATE VETERANS HOME <input type="checkbox"/> OTHER <i>(Specify)</i>					
SERVICE INFORMATION <i>(The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)</i>					
11A. ENTERED SERVICE		11B. SERVICE NUMBER	11C. SEPARATED FROM SERVICE		11D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	
12. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME					
PART II - CLAIM FOR BURIAL ALLOWANCE					
13. BENEFITS REQUESTED <i>(Check one)</i> <input type="checkbox"/> NON-SERVICE-CONNECTED DEATH <input type="checkbox"/> SERVICE-CONNECTED DEATH			14. IF DECEASED VETERAN'S SPOUSE, DID YOU PREVIOUSLY RECEIVE A VA BURIAL ALLOWANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
15A. DID YOU INCUR EXPENSES FOR THE VETERAN'S BURIAL OR INTERMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
15B. ARE YOU SEEKING BURIAL BENEFITS FOR A VETERAN'S NON-SERVICE-CONNECTED DEATH OCCURRING AT A VA MEDICAL CENTER, NURSING HOME UNDER VA CONTRACT, OR OTHER VA FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," provide actual burial cost)</i> \$ _____					

PART III - CLAIM FOR PLOT OR INTERMENT ALLOWANCE

16. PLACE OF BURIAL OR LOCATION OF DECEASED VETERAN'S REMAINS
(Specify)

17. WAS VETERAN BURIED IN A NATIONAL CEMETERY OR ONE OWNED BY THE FEDERAL GOVERNMENT?

YES NO

18A. DID A FEDERAL/STATE GOVERNMENT OR THE VETERAN'S EMPLOYER CONTRIBUTE TO THE BURIAL?

YES NO *(If "Yes," complete Item 18B)*

18B. AMOUNT OF GOVERNMENT OR EMPLOYER CONTRIBUTION

\$

PART IV - CLAIM FOR TRANSPORTATION REIMBURSEMENT

19. EXPENSES INCURRED FOR THE TRANSPORTATION OF THE VETERAN'S REMAINS FROM THE PLACE OF DEATH TO THE FINAL RESTING PLACE
(Attach itemized receipts)

\$

PART V - 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.

20A. SIGNATURE OF CLAIMANT *(If signed using an "X", complete Items 24A thru 25B)*
(If signing for firm, corporation, or State agency, complete Items 20B thru 21)

20B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY

21. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

NOTE - Where the claimant is a firm, corporation or State agency, Items 22A thru 25 **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.

22A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES

22B. DATE

22C. NAME AND TITLE OF PERSON AUTHORIZING SERVICES *(Type or Print)*

23. ADDRESS *(Number and street or rural route, city or P.O., State and ZIP Code)*

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.

24A. SIGNATURE OF WITNESS

24B. ADDRESS OF WITNESS

25A. SIGNATURE OF WITNESS

25B. 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 may include any veterans with an other than dishonorable discharge who dies after service or any servicemember 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.