



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)				3. 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)

4. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO.			PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)					
SSN: _____ OR SVC. NO.: _____			6A. DATE(S) ENTERED			6B. DATE(S) SEPARATED		
			MONTH	DAY	YEAR	MONTH	DAY	YEAR
5A. DATE OF BIRTH			5B. DATE OF DEATH					
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)						10. WAR SERVICE (Check applicable box(es))						
MEDAL OF HONOR	DST SVC CROSS	NAVY CROSS	AIR FORCE CROSS	SILVER STAR	BRONZE STAR MEDAL	PURPLE HEART	OTHER (Specify)	WORLD WAR II	KOREA	VIETNAM	PERSIAN GULF	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)						12. DESIRED EMBLEM OF BELIEF						
FLAT BRONZE	FLAT GRANITE	UPRIGHT MARBLE	FLAT MARBLE	BRONZE NICHE	UPRIGHT GRANITE	NONE	EMBLEM NUMBER (Specify) (See reverse side of this form for available emblems)					
<input type="checkbox"/> B	<input type="checkbox"/> G	<input type="checkbox"/> U	<input type="checkbox"/> F	<input type="checkbox"/> Z	<input type="checkbox"/> V	<input type="checkbox"/>	<input type="checkbox"/> _____					

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 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.

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.)		29. SECTION/GRAVE NO. (State Cemetery Only)	
<input type="checkbox"/> REMAINS NOT BURIED			