

Department of Veterans Affairs		(DO NOT WRITE IN THIS SPACE) (VA DATE STAMP)		
<h2 style="margin: 0;">APPLICATION FOR BURIAL BENEFITS</h2> <h3 style="margin: 0;">(Under 38 U.S.C. Chapter 23)</h3>				
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>		5C. E-MAIL ADDRESS		
A. DAYTIME	B. EVENING			
6A. MAILING ADDRESS OF CLAIMANT <i>(Number and street or rural route, city or P.O., State and ZIP Code)</i>				
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? <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>				
9A. ENTERED SERVICE		9B. SERVICE NUMBER	9C. SEPARATED FROM SERVICE	9D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE	NUMBER	DATE	
10. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM I, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME			11. ARE YOU CLAIMING THAT THE CAUSE OF DEATH WAS DUE TO SERVICE?	
			<input type="checkbox"/> YES <input type="checkbox"/> 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 reverse.				
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?		14. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete items 15 and 16)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete items 15 and 16)</i>
15. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. COST IS: <i>(CHECK ONE)</i>			16. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? <i>(Name and Address)</i>	
<input type="checkbox"/> PAID BY ANOTHER PERSON(S)	<input type="checkbox"/> PAID BY CLAIMANT FOR BURIAL			
<input type="checkbox"/> DUE FUNERAL DIRECTOR	<input type="checkbox"/> NONE			
<input type="checkbox"/> DUE CEMETERY OWNER				
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	
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete items 20B and 20C)</i>		\$		

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 <i>(If "Yes," complete items 21B and 21C)</i>	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 <i>(Before answering, read and comply with Instruction 7 on Page 2)</i>		
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 <i>(Individual Grave Site, Mausoleum Vault, or Columbarium Niche)</i> \$	25B. DATE OF PURCHASE	25C. DATE OF PAYMENT
26A. HAVE BILLS BEEN PAID IN FULL? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Items 26B and 27)</i>	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 <i>(If "Yes," complete Items 28B and 28C)</i>	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 <i>(If "Yes," complete Items 29B and 29C)</i>	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 <i>(If signed using an "X", complete Items 36A thru 37B)</i> <i>(If signing for firm, corporation, or State agency, complete Items 30B thru 31)</i>	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 <i>(If signed using an "X", complete Items 36A thru 37B)</i>	32B. NAME OF PERSON AUTHORIZING SERVICES <i>(Type or Print)</i>	
33. ADDRESS <i>(Number and street or rural route, city or P.O., State and ZIP Code)</i>		
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 to www.va.gov/directory .		