

# Planning Your Legacy

VA Survivors and Burial Benefits Kit

"To care for him who shall have borne the battle  
and for his widow, and his orphan."  
- Abraham Lincoln

VA



U.S. Department  
of Veterans Affairs



# VA



# U.S. Department of Veterans Affairs

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The Department of Veterans Affairs (VA) offers this survivors and burial benefits kit as a source of pre-need planning information and record storage for Veterans and their families. This kit is intended to be used as a supplement to the [Summary of VA Dependents' and Survivors' Benefits](#) pamphlet.

Included you will find Planning for the Future, a section to guide you through possible end-of-life and survivors' benefits eligibility. This section will tell you what benefits are offered and when and how you should apply.

For your added benefit, we have provided space for you to add your own personal information that can be kept in one location for your use, and for the use of loved ones. These sections identify the location of important documents, account numbers, military discharge documents, and marital information.

We have provided samples of completed forms that may be needed in the application process. VA forms change periodically; current versions can be found online at [www.va.gov/vaforms](http://www.va.gov/vaforms).

It is our sincere desire that the information and documents contained in this brochure assist you and your loved ones.

On behalf of a grateful nation, we respectfully thank all Veterans for their service.

Honor is not a word,  
but a way of life.

# Planning for the Future

VA has benefits designed to aid you and your family in preparing for the future. The documents in this packet will help guide you and your loved ones as you plan, and ensure your survivors know what benefits are available to them.

The following benefits are available to Veterans and their families:

## Pre-Need Eligibility for National Cemetery Burial or Memorialization

VA provides for a final resting place for eligible Veterans, spouses, and their eligible dependents, as well as a headstone or marker, a flag to drape the casket and a Presidential Memorial Certificate.

## Memorial or Burial Flags

A United States flag is provided, at no cost, to drape the casket or accompany the urn of a deceased Veteran who served honorably in the U. S. Armed Forces. U.S. Post Offices are the primary issuing point for burial flags. Each family of a decedent is entitled to one flag.

## Government Headstones or Markers

VA can provide a single headstone, columbarium niche cover, or a flat marker for a Veteran's final resting place (private, state or national cemeteries).

## Cemetery Medallions

VA can provide a medallion for use on a headstone or other memorial in a private cemetery to signify a decedent's status as veteran. Multiple sizes are available.

## Presidential Memorial Certificates

VA can provide a Presidential Memorial Certificate (PMC) to the family of the deceased Veteran. A PMC is an engraved paper certificate signed by the current President.

## Burial Benefits and Burial Automatic Payments

Burial benefits are paid to a spouse, designated family member, or executor to partially offset the cost of burial expenses, plot costs, and transportation costs for a Veteran's remains. These benefits are paid at different rates based on whether the Veteran's death was service connected or non-service connected.

If the Veteran was receiving VA benefits prior to their passing and had a spouse of record, these benefits will usually be paid automatically to that spouse. However, additional funds may be paid, or payment made to another party, if an application is completed. Additional benefits, including a plot or interment allowance and transportation allowance, may also be payable.

An application for non-service-connected burial benefits must be submitted within two years from the date of death. There is no time limit for a service-connected death.

## Dependency and Indemnity Compensation

Dependency and Indemnity Compensation (DIC) is a monthly tax-free benefit provided to an eligible surviving spouse, dependent child(ren), and/or parent(s) of a deceased Servicemember or Veteran.

DIC benefits paid to surviving spouses and children are not income based. Parents DIC is an income-based benefit for parents who were financially dependent on of a Servicemember or Veteran who died from a service-related cause.

## Dependents' Educational Assistance Program

The Dependents' Educational Assistance Program offers education and training opportunities to eligible dependents of Veterans who are permanently and totally disabled due to a service-related condition or of Servicemembers who died during active military service or Veterans who died as a result of a service-related condition.

## Marine Gunnery Sergeant John David Fry Scholarship

Provides children with financial support for tuition and fees, books and supplies, and housing. You may be eligible for up to 36 months of Fry Scholarship benefits if you are the child of a Servicemember who died during active duty after September 10, 2001. You must use your benefits between your 18th and 33rd birthdays. You may still be eligible if you are married.

The 15-year time limitation for using Post-9/11 GI Bill benefits is eliminated for qualifying dependents (Fry children who became eligible on or after January 1, 2013 and all Fry spouses).

## Survivors Pension

A net worth and income-based benefit paid to un-remarried surviving spouses and children of a wartime Veteran whose death is not service related. Survivors Pension pays a maximum annual amount, which is offset by the beneficiary's income from other sources. Certain deductible expenses, such as unreimbursed medical expenses, may be used to reduce the survivor's countable income.

## Special Monthly Pension Benefits

This is additional funds available to survivors in receipt of pension who are, due to a mental or physical disability, blind, require the aid and attendance of another person in performing daily activities, or are permanently housebound. Qualifying for this benefit requires medical evidence from a doctor or specialist.

## The Civilian Health and Medical Program of the Department of Veterans Affairs

A benefit that provides reimbursement for most medical expenses to certain surviving spouses and dependents of Veterans with permanent and total service-connected disabilities who are not eligible for TRICARE.

## Home Loans

VA helps eligible surviving spouses become homeowners. This benefit may be used to help you buy, build, repair, retain, or adapt a home for your own personal occupancy.

## Veterans Month of Death Benefits

If a Veteran who is receiving VA compensation or pension benefits passes away, their last month of benefits can be paid to their surviving spouse. This payment is usually automatic, but if it is not received, it can be claimed via a phone call to 1-800-827-1000, or through your County Veterans Service Officer (CVSO).

For additional information regarding eligibility requirements see the [Summary of VA Dependents' and Survivors' Benefits](#).

## What to Do, and When...

Preparing for the passing of a loved one, or even oneself, can be a difficult and confusing time. The following informs you of what you may need to do, and when, to ensure your survivors have the information and documents needed to obtain the benefits for which they may be entitled.

### For the Veteran, when discussing your final wishes with your loved ones:

- Discuss your military service with your family and if possible, locate copies of your military separation document(s), such as your DD214.
- Document your spouse's and your marital histories. This information may be needed if your spouse applies for VA benefits after your passing.
- Discuss your final wishes regarding your remains. If you wish to be buried in a national cemetery after your passing, consider applying now for pre-need burial eligibility.

### For the Veteran's family, as the Veteran is approaching end of life:

- Speak to the Veteran's doctor about how to obtain copies of medical records before and after the Veteran's passing, in case they may be needed in the future.
- Discuss with the Veteran where and when they have received treatment for any medical conditions which you believe may have been incurred in, or exacerbated by, their military service.
- If you believe the Veteran may be entering into their period of final illness, begin keeping a record of any medical expenses related to that final illness.
- If the Veteran wishes to be interred in a national cemetery, locate their pre-need burial approval (if they applied), or clarify their wishes as to where they would like be interred.

### For the Veteran's parents, spouse, or dependent children, after the Veteran's passing:

- Consider if you wish to apply for VA Survivors Pension or DIC.
- If you have a medical condition, disease, or injury which necessitates the aid and attendance of another person in performing your activities of daily life, or are housebound, have your physician complete a statement outlining your medical condition.
- If you believe the Veteran's death was related to a condition incurred during military service, or exacerbated by military service, obtain copies of any private medical records from the Veteran's physician (VA hospital records and military medical records can be obtained by VA).

## How to Apply for Benefits...

When applying for benefits there are basic forms that must be completed. This page lists the forms required to apply for various VA benefits, as well as what additional documents may be required to show eligibility. This booklet includes copies of the VA forms listed, so you can familiarize yourself with them now. You can find current versions online at [www.va.gov/vaforms](http://www.va.gov/vaforms)

| IF:  | USE FORM:   | ADDITIONAL DOCUMENTS THAT MAY BE REQUIRED   |
|--|---|---|
| ...you wish to apply for pre-need eligibility in a National Cemetery   | VA Form 40-10007  | • Veteran's Military Discharge  |
| ...you wish to apply for a:<br>-Burial Flag<br>-Government Medallion, or<br>-Headstone/Marker  | VA Form 27-2008<br>VA Form 40-1330M<br>VA Form 40-1330  | • Veteran's Military Discharge  |
| ...you wish to apply for burial benefits   | VA Form 21P-530   | • Veteran's Military Discharge<br>• Death Certificate<br>• Transportation Invoice   |
| ...you wish to apply for DIC benefits for the Veteran's:<br>-surviving spouse/child(ren)<br>-surviving parent(s)<br>-surviving spouse/child(ren) as a result of combat-related death | VA Form 21-534EZ<br>VA Form 21P-535<br>VA Form 21P-534a | • Veteran's Military Discharge<br>• Death Certificate<br>• Declaration of Status of Dependents (VA Form 21-686c)  |
| ...you wish to apply for a:<br>Survivors Pension ( <i>*with aid and attendance or housebound benefits</i> )  | VA Form 21P-534EZ                                       | • Veteran's Military Discharge<br>• Death Certificate<br>• <i>*Examination for Housebound Status or Permanent Need for Aid and Attendance (VA Form 21-2680)</i> |



| IF:   | USE FORM:       | ADDITIONAL DOCUMENTS THAT MAY BE REQUIRED |
|---|-----------------|---|
| ...you wish to apply for The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)  | VA Form 10-10d  | • Veteran's Military Discharge            |
| ...you wish to apply for a:<br>-Dependents' Educational Assistance Program (DEA)<br>-Marine Gunnery Sergeant John David Fry Scholarship Post 9/11 GI Bill | VA Form 22-5490 | • Veteran's Military Discharge            |
| ...you wish to apply for home loan  | VA Form 26-1817 | • Veteran's Military Discharge            |

## For Help With Your Benefits...

Applying for VA benefits, especially at the time of passing of a loved one, can be difficult and confusing. However, several organizations exist to help you navigate this process, usually cost-free.

Here are a few places you can go for help with the claims process:

### CVSOs

Most local governments in the United States have a designated County Veterans Service Office or Agency, staffed by County Veterans Service Officers (or “CVSOs”). These officers operate independent of VA, but receive VA training, and can act as liaisons between claimants and VA. They are usually well versed in benefits eligibility requirements and claim processing, and are available to help you locally. To find your local CVSO, you can use the directory found online at this URL: <https://www.ebenefits.va.gov/ebenefits/vso-search>.

### Veterans Service Organizations

Veterans Service Organizations (VSO) are private groups dedicated to providing Veterans and their families with a number of services, including assistance with claims processing. These groups can help you by representing you before VA, and can assist you in completing your claim. While these groups are not formally connected to government or VA, they receive VA accreditation and training, and do not charge for their services. To find a VSO, you can use the directory found online at this URL: <https://www.ebenefits.va.gov/ebenefits/vso-search>.

### VA Contact Information

If you wish to speak directly to a VA representative, contact VA at the following phone numbers:

- For burial, Survivors Pension, DIC, or other benefits: 1-877-294-6380.
- For the status of VA headstones and markers: 1-800-697-6947.
- For obtaining bereavement counseling: 1-202-461-6530.
- For Telecommunications Device for the Deaf services, dial 711.

***If you or somebody you know is experiencing a crisis, you can contact VA's Veterans Crisis Line at 1-800-273-TALK (1-800-273-8255).***

## **Record of Personal Affairs**

The following is a guide to assist you in consolidating information that will be beneficial for your loved ones at the time of your passing. This information is for your personal use only and should not be submitted to VA.

Be sure to keep the following information in a secure location, as it will contain personally identifiable information.

# My Record of Personal Affairs:

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|       |        |      |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

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|                        |                   |     |
|------------------------|-------------------|-----|
| Retired Military Grade | Branch of Service | SSN |
|------------------------|-------------------|-----|

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|                |            |          |
|----------------|------------|----------|
| Street Address | City/State | Zip Code |
|----------------|------------|----------|

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|                |   |
|----------------|---|
| Service Number | Date of Entry and Date, Type, and Character of separation from military |
|----------------|---|

## Date and Place of Birth:

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|                  |                |
|------------------|----------------|
| City, State, Zip | Month/Day/Year |
|------------------|----------------|

## Parents' Information:

Father

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|       |        |      |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

Mother

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|       |        |      |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

## Children:

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|       |        |      |     |     |
|-------|--------|------|-----|-----|
| First | Middle | Last | DOB | SSN |
|-------|--------|------|-----|-----|

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|       |        |      |     |     |
|-------|--------|------|-----|-----|
| First | Middle | Last | DOB | SSN |
|-------|--------|------|-----|-----|

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|       |        |      |     |     |
|-------|--------|------|-----|-----|
| First | Middle | Last | DOB | SSN |
|-------|--------|------|-----|-----|

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|       |        |      |     |     |
|-------|--------|------|-----|-----|
| First | Middle | Last | DOB | SSN |
|-------|--------|------|-----|-----|

## Your Marital History:

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Your spouse's name

Spouse's SSN

Spouse's birthdate

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Location of marriage (city, state/country)

Date of marriage

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Your prior spouse's name (if applicable)

Date of prior marriage

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Location of prior marriage (city, state/country)

Date/place/circumstance of end of marriage (if applicable)

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Your *total* number of marriages

Your spouse's *total* number of marriages

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**Trusted Associates:** List a personal lawyer or trusted friend who may be consulted in regard to personal or business affairs.

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First

Middle

Last

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Address

Phone

Email

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**Location of Family Records:** List the physical location(s) where your family can find important documentation. Documents can include; birth certificates, adoption paperwork, marriage certificate, naturalization papers, divorce decrees, death certificates, tax documents, etc.

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**Your Will:** Do you have a will ? Circle one: **Yes** **No**

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Location of Will

Executor's name & contact information

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Lawyer's name and contact information

**Power of Attorney:** Personal, not VA assigned. Do you have a POA? Circle one: **Yes** **No**

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Name of POA

Location of document

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City, state zip

Phone

**Bank Accounts:** Include name of financial institution, name of joint account holders, account number, and phone number.

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**Credit Cards:** Include name and phone number.

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**Location of Important Financial Documents:** Include savings bonds, stocks, mutual funds, 401K, safe deposit box, etc.

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**Real Estate:** If your family needs any assistance with your home loan, they can contact a VA Regional Loan Center at 1-877-827-3702 for assistance. You do not need a VA Loan to request assistance.

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Primary Residence (address)

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Mortgage Institution (If applicable)

Location of physical Mortgage note

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Property insurance (include company and policy number)

**Investment Properties:** Include address(es) and location of deed/note.

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**Vehicles owned:** List the year, make, model and vehicle ID number (VIN) for each vehicle you own.

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**Life Insurance:**

Circle the following types of insurance you have:    **Government**            **Life**            **Mortgage**

List the insurance company, policy number, face value and payment option below.

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**Other Insurance:** List any health, vehicle, or other insurance you have.

**Annuities:** Government and private.

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Payable to (full name)

Monthly Amount

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Address (city, state, zip)

Phone

**Employer / Membership:** If employed (or retired), list any survivor benefit that may be payable.

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Employer

Survivor Benefit

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City, state, zip

Phone

**Membership in Organizations or Associations:** List any organizations with which you are affiliated that may assist your survivors. Also list other local Veteran Service Organizations which may be of assistance.

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**Veterans Affairs Record:** Survivors should contact VA at 1-800-827-1000 to report death and discontinue benefits.

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VA claim number (if applicable)

**Social Security:** Survivors should contact local SSA office to see if burial benefits are available.

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Social Security monthly payment

Location of SSA papers

**Retirement Pay:** Civilian and/or military

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Finance center

Current deposit location

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Beneficiary or any unpaid retired pay

Relationship

Phone



## Military Documents:

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Location of DD-214 (separation papers)

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Location of other military documents (awards, medical etc.)

## Military Survivor/Casualty Assistance Officer: Active and retired military personnel.

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Name and Location

Phone

## Funeral and Burial Arrangements:

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Funeral Location

Funeral director

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Address

Phone

## Church, Clergy or Desired Officiant:

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Clergyperson/Officiant

Office Phone

Home Phone

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Name of institution/organization

Address

## For Those Who Wish to be interred in a VA National Cemetery:

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Date of birth

Social Security Number

Rank / Branch of service

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Date of entry into service

Date of separation

Service number

## Other Suggestions or Wishes:

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## Wishes for Burial and Funeral Service Arrangements:

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Name of resting place

Phone

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Hymns, psalms, scriptures, poetry, or special requests

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Flowers / memorial (if in lieu of flowers)

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Memorial and remembrances

Indicate emblem choice for VA Form 40-1330

**Do you have a pre-paid burial/plot? Circle one: Yes No**

### **Pallbearers:**

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### **Special instructions:**

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### **Obituary Biography:**

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## Additional Considerations

Please ensure the following are conducted through proper legal channels.

- **Do you have a “do not resuscitate” (DNR) order? Yes No**
- **Do you have a living will / health directive? Yes No**

## Checklist of Important Documents

The following may be needed by survivors:

- Death Certificate (12 copies recommended)** Location: \_\_\_\_\_
- Deceased’s Birth Certificate** Location: \_\_\_\_\_
- Spouse’s Birth Certificate** Location: \_\_\_\_\_
- Minor or Adult Dependent Children’s Birth Certificate(s)** Location: \_\_\_\_\_
- Marriage Certificate** Location: \_\_\_\_\_
- Other Important Documents** Location: \_\_\_\_\_

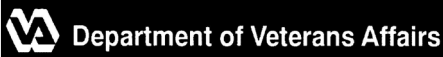
## Other resources and organizations that can assist you:

## Completing VA Forms

Applying for any VA benefit requires that you complete an application form, and possibly additional forms. To ensure speedy and accurate processing of any claim for VA benefits, it is very important to complete these forms correctly. The following are sample copies of some VA forms previously mentioned in this document; you can reference these samples to see what a properly completed claim may look like.

### Tips on Completing VA Forms:

- Complete ***every item*** on the form, even if your answer is “not applicable”, “none”, or “0”. Incomplete applications are one of the major avoidable causes of denials and delays in processing.
- The person claiming benefits (the “claimant”; for instance the surviving spouse claiming death pension) ***must sign the form themselves***. VA cannot recognize private power-of-attorney agreements, and family members cannot sign documents for other family members.
- VA Forms are periodically updated; the forms you will fill out when you apply for benefits may not be identical to the samples in this booklet. Current VA forms can be obtained at <https://www.va.gov/vaforms/> or at your local Veterans service office.



**DEPENDENTS' APPLICATION FOR VA EDUCATION BENEFITS**

(Under Provisions of chapters 33 and 35, of title 38, U.S.C.)

INTERNET VERSION AVAILABLE - You may complete and submit your application online at: [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill).

**PART I - APPLICANT INFORMATION**

|   |  |   |                           |                                |  |
|---|--|---|---------------------------|--------------------------------|--|
| 1. SOCIAL SECURITY NUMBER<br>123-45-9999  |  | 2. SEX OF APPLICANT<br><input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE |                           | 3. DATE OF BIRTH<br>01/01/1946 |  |
| 4. NAME (First name, middle initial, last name)<br>Jessie, A., Soldier  |  |   |                           |                                |  |
| 5. CURRENT MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)<br>123 2nd St, Local Town, MN 11111   |  |   |                           |                                |  |
| 6. TELEPHONE NUMBER(S) (Including Area Code)  |  |   |                           |                                |  |
| PRIMARY<br>555-555-5555   |  |   | SECONDARY<br>555-777-5555 |                                |  |
| 7. E-MAIL ADDRESS<br>Army@Service.com   |  |   |                           |                                |  |
| 8. DIRECT DEPOSIT (Attach a voided personal check or provide the following information. See instructions for additional information.) |  |   |                           |                                |  |
| ROUTING OR TRANSIT NUMBER<br>1 1  |  | ACCOUNT TYPE<br><input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS   |                           | ACCOUNT NUMBER<br>1            |  |

|  |  |   |
|--|--|---|
| 9. PLEASE PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED |  |   |
| A. NAME<br>Jessie, A., Soldier   | B. ADDRESS<br>123 2nd St, Local Town, MN 11111 | C. TELEPHONE NUMBER (Include Area Code)<br>555-555-5555 |

**PART II - QUALIFYING INDIVIDUAL INFORMATION**

|  |   |  |
|--|---|--|
| 10. NAME OF QUALIFYING INDIVIDUAL (PARENT OR SPOUSE) ON WHOSE ACCOUNT BENEFITS ARE BEING CLAIMED (First name, middle initial, last name)<br>Jessie, A., Soldier                          |   |  |
| 11. SOCIAL SECURITY NUMBER OR VA FILE NUMBER<br>12-345-5555  |   | 12. BRANCH OF SERVICE<br>Army  |
| 13. DATE OF BIRTH<br>10/29/1969  | 14. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.<br>01/10/2001 | 15. IS QUALIFYING INDIVIDUAL (PARENT OR SPOUSE) ON ACTIVE DUTY?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 16. DO YOU (APPLICANT) OR THE QUALIFYING INDIVIDUAL (PARENT OR SPOUSE) HAVE AN OUTSTANDING FELONY AND/OR WARRANT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   |  |

**PART III - BENEFIT AND TYPE OF EDUCATION OR TRAINING**

|   |  |   |
|---|--|---|
| 17A. DATE YOU WILL BEGIN SCHOOL OR TRAINING<br>02/05/2017   |  | <b>VA DATE STAMP</b><br>(For VA Use Only)   |
| 17B. TYPE OF EDUCATION OR TRAINING<br><input checked="" type="checkbox"/> COLLEGE OR OTHER SCHOOL<br><input type="checkbox"/> FARM COOPERATIVE<br><input type="checkbox"/> LICENSING OR CERTIFICATION TEST<br><input type="checkbox"/> APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING<br><input type="checkbox"/> NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT<br><input type="checkbox"/> CORRESPONDENCE COURSE (DEA Children not eligible)<br><input type="checkbox"/> FLIGHT TRAINING (Fry Scholarship only) |  |   |
| 17C. ARE YOU SEEKING SPECIAL RESTORATIVE TRAINING DUE TO A DISABILITY THAT PREVENTS YOU FROM PURSUING AN EDUCATIONAL PROGRAM?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | 17D. ARE YOU SEEKING SPECIAL VOCATIONAL TRAINING DUE TO A DISABILITY THAT PREVENTS YOU FROM PURSUING AN EDUCATIONAL PROGRAM?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

18A. NAME AND ADDRESS OF SCHOOL OR TRAINING FACILITY (*Number and street or rural route, city or P.O., State and ZIP Code*)  
 123 Community Collage, Your Town, MN, 111111

18B. IN WHAT STATE DO YOU ANTICIPATE LIVING WHILE PARTICIPATING IN THIS TRAINING (*You must notify us immediately if the state in which you live changes from the state indicated below*)  
 GIVE TWO-LETTER POSTAL ABBREVIATION CODE

19. SPECIFY YOUR EDUCATION OR CAREER OBJECTIVE, IF KNOWN (*e.g., Bachelor of Arts in Accounting, Welding Certificate, Police Officer*)  
 Associates Degree

20. WOULD YOU LIKE TO RECEIVE VOCATIONAL AND EDUCATIONAL COUNSELING? (*Please see Item 20 in the instruction section for more details about vocational and educational counseling*)  
 YES  NO

**PART IV - BENEFIT ELECTION**

**IMPORTANT:** For help completing this section, please see the attached instructions page or click on the "Summary of VA Education Benefits" link at [www.benefits.va.gov](http://www.benefits.va.gov) to compare various benefits and eligibility criteria. For general information, visit our website at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill).

21. YOUR RELATIONSHIP TO QUALIFYING INDIVIDUAL (*Check only one*)  
 SPOUSE/SURVIVING SPOUSE (*Please complete only Section I below, and then proceed to Part V*)  
 CHILD/STEPCHILD/ADOPTED CHILD (*Please complete only Section II below, and then proceed to Part V*)

**SECTION I - SPOUSE/SURVIVING SPOUSE**

22. IS A DIVORCE OR ANNULMENT PENDING TO THE QUALIFYING INDIVIDUAL?  
 YES  NO

23. IF YOU ARE THE SURVIVING SPOUSE, HAVE YOU REMARRIED?  
 YES  NO (*If "Yes," please provide date of remarriage*) \_\_\_\_\_

**24. PLEASE SELECT THE BENEFIT THAT YOU ARE APPLYING FOR BELOW**

**IMPORTANT:** If you are eligible for Chapter 35 Survivors' and Dependents' Educational Assistance Program (DEA) and eligible for Chapter 33 Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship), **you must relinquish entitlement to the benefit that you are not applying for (even if entitlement arises from separate events).** You cannot retain eligibility for both programs simultaneously. By checking the box below, you agree and understand that you are making an irrevocable election to receive the selected benefit and your election may not be changed. PLEASE CAREFULLY READ THE INFORMATION AND INSTRUCTIONS PAGE BEFORE MAKING A SELECTION.

|  |   |
|--|---|
| <input type="checkbox"/> A. I AM APPLYING FOR CHAPTER 35 - DEA<br><br><b>By checking this box I acknowledge that I understand this election is irrevocable and may not be changed.</b> | <input checked="" type="checkbox"/> B. I AM APPLYING FOR CHAPTER 33 - FRY SCHOLARSHIP<br><br><b>By checking this box I acknowledge that I understand this election is irrevocable and may not be changed.</b> |
|--|---|

**SECTION II - CHILD/STEPCHILD/ADOPTED CHILD**

**25. PLEASE SELECT THE BENEFIT THAT YOU ARE APPLYING FOR BELOW**

**IMPORTANT:** If you are eligible for Chapter 35 Survivors' and Dependents' Educational Assistance Program (DEA) and eligible for Chapter 33 Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship), **you must relinquish entitlement to the benefit that you are not applying for (but only with regards to the entitlement arising from the same events).** You cannot retain eligibility for both programs based on the same event. By checking the box below, you agree and understand that you are making an irrevocable election to receive the selected benefit and your election may not be changed. PLEASE CAREFULLY READ THE INFORMATION AND INSTRUCTIONS PAGE BEFORE MAKING A SELECTION.

|  |   |
|--|---|
| <input type="checkbox"/> A. I AM APPLYING FOR CHAPTER 35 - DEA<br><br><b>By checking this box I acknowledge that I understand this election is irrevocable and may not be changed.</b> | <input checked="" type="checkbox"/> B. I AM APPLYING FOR CHAPTER 33 - FRY SCHOLARSHIP<br><br><b>By checking this box I acknowledge that I understand this election is irrevocable and may not be changed.</b> |
|--|---|

**IMPORTANT:** While receiving DEA or FRY Scholarship benefits you may not receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may not be claimed as a dependent in a Compensation claim. CAREFULLY READ THE INSTRUCTIONS BEFORE COMPLETING THE ELECTION BLOCK BELOW. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

26. I CERTIFY THAT I UNDERSTAND THE EFFECTS THAT THIS ELECTION TO RECEIVE DEA OR FRY SCHOLARSHIP BENEFITS WILL HAVE ON MY ELIGIBILITY TO RECEIVE DIC, AND I ELECT TO RECEIVE SUCH EDUCATION BENEFITS ON THE FOLLOWING DATE:  
 YES  NO (*If "Yes," please provide date of election*) 11/22/2017

**PART V - APPLICATION HISTORY**

27. PRIOR TO THIS APPLICATION, HAVE YOU EVER APPLIED FOR OR RECEIVED ANY OF THE FOLLOWING VA BENEFITS? (Check all appropriate boxes)

- A.  DISABILITY COMPENSATION OR PENSION
- B.  DEPENDENTS' INDEMNITY COMPENSATION (DIC)
- C.  VOCATIONAL REHABILITATION BENEFITS (Chapter 31)
- D.  VETERANS EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE SPECIFY BENEFIT(S): \_\_\_\_\_
- E.  VETERANS EDUCATION ASSISTANCE BASED ON SOMEONE ELSE'S SERVICE  
 SPECIFY BENEFIT(S) BY CHECKING APPLICABLE BOX BELOW AND COMPLETE ITEMS 28 AND 29
  - CHAPTER 35 - SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM (DEA)
  - CHAPTER 33 - POST-9/11 GI BILL MARINE GUNNERY SERGEANT DAVID FRY SCHOLARSHIP
  - TRANSFERRED ENTITLEMENT
- F.  NONE
- G.  OTHER (Specify benefit(s)) \_\_\_\_\_

**IMPORTANT:** Complete Items 28 and 29 **only** if you checked block "E" in Item 27

28. NAME OF INDIVIDUAL ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS (First, Middle, Last)

29. SOCIAL SECURITY NUMBER OF INDIVIDUAL ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS

123-45-9999

**PART VI - APPLICANT'S MILITARY SERVICE INFORMATION**

(Note: Chapter 35 benefits are not payable while an eligible person is on active duty)

30. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (If "No," skip to Part VII)

- YES
- NO

31. INFORMATION ABOUT YOUR PERIOD(S) OF ACTIVE DUTY

| A. DATE ENTERED ACTIVE DUTY | B. DATE SEPARATED FROM ACTIVE DUTY | C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT | D. CHARACTER OF DISCHARGE |
|-----------------------------|------------------------------------|--|---------------------------|
|                             |                                    |  |                           |
|                             |                                    |  |                           |
|                             |                                    |  |                           |

**PART VII - EDUCATION, TRAINING, AND EMPLOYMENT**

**SECTION I - EDUCATION & TRAINING**

32. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 33

- GRADUATED FROM HIGH SCHOOL
- DISCONTINUED HIGH SCHOOL
- EXPECT TO GRADUATE FROM HIGH SCHOOL
- AWARDED GED
- NEVER ATTENDED HIGH SCHOOL

33. DATE

06/12/1986

| 34A. TYPE OF SCHOOL | 34B. NAME AND LOCATION OF SCHOOL (City and State) | 34C. DATES OF TRAINING |            | 34D. NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED | 34E. DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED | 34F. MAJOR FIELD OR COURSE OF STUDY |
|---------------------|---|------------------------|------------|--|---|-------------------------------------|
|                     |   | FROM                   | TO         |  |   |                                     |
| HIGH SCHOOL         | A High School<br>Your Town MN                     | 09/07/1984             | 06/12/1986 |  |   |                                     |
| COLLEGE             |   |                        |            |  |   |                                     |
| VOCATIONAL OR TRADE |   |                        |            |  |   |                                     |
| OTHER (Specify)     |   |                        |            |  |   |                                     |

| SECTION II - EMPLOYMENT         |              |                              |                      |
|---------------------------------|--------------|------------------------------|----------------------|
| 35. CURRENT AND PAST EMPLOYMENT |              |                              |                      |
| A. EMPLOYER                     | B. JOB TITLE | C. NUMBER OF MONTHS EMPLOYED | D. LICENSE OR RATING |
| Service Center                  | Clerk        | 74                           | Good                 |
|                                 |              |                              |                      |
|                                 |              |                              |                      |

**NOTE:** Complete Item 36 **only** if you are a civilian employee of the U.S. Government.

|   |  |
|---|--|
| 36A. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSES FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? (If "Yes," complete Item 36B)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 36B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT |
|---|--|

**PART VIII - REMARKS, REMINDERS AND VA EDUCATION BENEFITS PAMPHLET**

**SECTION I - REMARKS**

37. REMARKS (If more space is needed, please attach a separate sheet of paper. Be sure to include name and social security number on each sheet)



**SECTION II - REMINDERS**

**DID YOU REMEMBER TO:**

- WRITE YOUR SOCIAL SECURITY NUMBER ON EACH PAGE
- WRITE YOUR COMPLETE MAILING ADDRESS
- ATTACH SUPPORTING DOCUMENTS (e.g., birth certificate, marriage license, DD214, etc.)

**SECTION III - VA EDUCATION BENEFITS PAMPHLET**

38. THE MOST CURRENT INFORMATION ON VA EDUCATION BENEFITS IS AVAILABLE ONLINE AT [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill). IF YOU WOULD LIKE A COPY OF THE VA EDUCATION BENEFITS PAMPHLET PLEASE CHECK THE BOX.

**PART IX - CERTIFICATION AND SIGNATURE OF APPLICANT**

**I CERTIFY THAT** all statements in my application are true and correct to the best of my knowledge and belief.

|  |                                    |
|--|------------------------------------|
| 39A. SIGNATURE OF APPLICANT ( <b>DO NOT PRINT</b> )<br><br>SIGN HERE<br>IN INK     /s/ | 39B. DATE SIGNED<br><br>11/22/2017 |
|--|------------------------------------|

**PENALTY:** Willfully false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.



(Please detach at perforation and retain this information for future reference)

**INFORMATION AND INSTRUCTIONS FOR COMPLETING THE  
DEPENDENTS' APPLICATION FOR VA EDUCATION BENEFITS  
(VA FORM 22-5490)**

Do not use this form to apply for Veterans' education assistance based on your own service (chapters 30, 32, 33, 1606, or 1607) or vocational rehabilitation benefits (chapter 31). To apply for veterans' education assistance based on your own service, use VA Form 22-1990. To apply for vocational rehabilitation benefits, use VA Form 28-1900.

**INTERNET VERSION AVAILABLE** - You may complete and submit this application on-line at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill). Click on "GI Bill: Apply for Benefits."

**NOTE:** The number on the instructions match the item numbers on this application. Items not mentioned are self-explanatory.

**ITEM 8.** The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. Please attach a voided personal check or deposit slip or provide the information requested below to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard, you must apply at [www.usdirectexpress.com](http://www.usdirectexpress.com) or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will address any questions or concerns you may have and encourage your participation in EFT.

**ITEM 16.** You will not be eligible to receive benefits for any period for which you or the qualifying individual on whose account you are claiming benefits has an outstanding felony warrant. Any benefits paid to you for such period will result in an overpayment and be subject to collection.

**ITEM 17B.** Types of education or training programs are self-explanatory, except for the following:

"Licensing or Certification Test." A licensing test is a test offered by a state, local, or federal agency that is required by law to practice an occupation. A certification test is a test designed to provide affirmation of an individual's qualifications in a specific occupation.

"National Admission Exam or National Exam for Credit." Individuals eligible to receive benefits under the Survivors' and Dependents' Educational Assistance program may be reimbursed for the cost of approved tests for admission to or credit at institutions of higher learning.

"Correspondence." Only spouses and surviving spouses eligible for the Survivors' and Dependents' Educational Assistance program may receive benefits for correspondence training. Payments for correspondence courses are made quarterly after VA receives a certification showing the number of lessons completed. For more information on correspondence courses, please visit our website at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill)

"Flight Training." You must already have a private pilot's license. If you are taking an Airline Transport Pilot course, you must have a valid first-class medical certificate on the date that you enter training. For all other flight courses, you must have a valid second-class medical certificate on the date that you enter training.

**ITEMS 17C and 17D.** Any individual eligible under the Survivors' and Dependents' Educational Assistance program may receive Special Restorative Training or Specialized Vocational Training if a VA counselor determines that a specialized program is needed to overcome the effects of a physical or mental handicap. To be eligible for receipt of specialized training, the disability must prevent you from pursuing an educational program. Examples of Special Restorative Training include speech and voice correction, language retraining, lip reading, and Braille reading and writing. Specialized Vocational Training consists of specialized courses leading to a suitable vocational objective.

**ITEM 20. VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE** - VA offers a wide range of services to assist you in planning your educational and/or career goals. Services include educational and vocational guidance and testing to develop a greater understanding of your skills, talents, and interests. For more information on VA counseling, call VA toll-free at 1-888-GIBILL-1 (1-888-442-4551) or if you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711.

**ITEM 21.** If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(3)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

## INFORMATION AND INSTRUCTIONS (Continued)

**ITEMS 24 and 25.** Select the benefit for which you are applying.

To qualify for Survivors' and Dependents' Educational Assistance (DEA) you must be either -

- (1) The spouse or child of a veteran who is permanently and totally disabled as a result of a service-connected disability.
- (2) The spouse or child of an individual on active duty who has been listed as missing in action, captured in the line of duty by hostile force, forcibly detained or interned in the line of duty by hostile force, or forcibly detained or interned in the line of duty by foreign government or power for more than 90 days.
- (3) The surviving spouse or child of a veteran who died of a service-connected disability or who dies while a service-connected disability was rated permanent and total in nature.
- (4) The surviving spouse or child of an individual on active duty for which the evidence shows that the individual is hospitalized for receiving outpatient medical care services or treatment; has a total disability permanent in nature incurred or aggravated in the line of duty in the active military, naval, or air service; and the serviceperson is likely to be discharged or released from such service for such disability.

Eligibility for DEA will be terminated in the event that VA determines that the individual on whose account benefits are claimed is no longer totally disabled or VA is notified that the individual is no longer listed as captured, missing in action, or forcibly detained.

To qualify for the Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship, you must be the surviving spouse or child of an individual who died in the line of duty while serving on active duty as a member of the Armed Forces after September 10, 2001.

**ITEMS 24 and 25. Irrevocable Election** - Your decision to elect one benefit over the other **CANNOT** be changed once you have submitted this application.

**Child** - Your election will be effective as of the date indicated in Item 26 of this form, if you elected to receive education benefits instead of Dependency and Indemnity Compensation (DIC). If Item 26 is not applicable, your election will be effective on the date shown in Item 39B or the date VA receives this application, whichever is earlier.

**Surviving Spouse** - Your election will be effective on the date shown in Item 39B or the date VA receives this application, whichever is earlier.

**ITEM 24A. By selecting this box you are agreeing to the following statement:** I understand that if I am also eligible for Fry Scholarship benefits then I am electing to receive DEA benefits in lieu of any Fry Scholarship benefits for which I am currently eligible including Fry Scholarship benefits based on the death of the individual listed in Item 10 of this application, as well as, Fry Scholarship benefits based on the death of any other individuals not identified on this application.

**ITEM 24B. By selecting this box you are agreeing to the following statement:** I understand that I am electing to receive Fry Scholarship benefits in lieu of any DEA benefits for which I am currently eligible including DEA benefits based on the death of the individual listed in Item 10 of this application, based on the death of any other individuals not identified on this application, based on a spouse who has a total disability permanent in nature resulting from a service-connected disability, or based on any other criteria as listed in 38 U.S.C. § 3501(a)(1).

**ITEM 25A. By selecting this box you are agreeing to the following statement:** I understand that if I am also eligible for Fry Scholarship benefits based on the death of the individual listed in Item 10 of this application then I am electing to receive DEA benefits in lieu of any Fry Scholarship benefits based on that death. Furthermore, I understand that even after this election I will continue to retain any current eligibility to Fry Scholarship benefits if the eligibility is based on the death of an individual not listed in Item 10 of this application.

**ITEM 25B. By selecting this box you are agreeing to the following statement:** I understand that I am electing to receive Fry Scholarship benefits in lieu of any DEA benefits for which I am currently eligible based on the death of the individual identified in Item 10. Furthermore, I understand that even after this election I will continue to retain any current eligibility to DEA benefits if the eligibility is based on the death of an individual not listed in Item 10 of this application, based on a parent who has a total disability permanent in nature resulting from a service-connected disability, or based on any other criteria as listed in 38 U.S.C. § 3501(a)(1).

**ITEM 26.** Your election to receive Survivors' and Dependents' Education Assistance (DEA) in lieu of payments of compensation, pension, and Dependents' Indemnity Compensation (DIC) is final and cannot be changed. This means that payments of compensation, pension, and Dependents' Indemnity Compensation (DIC) will be terminated upon issuance of a DEA benefit payment. If you are planning to pursue a program of education for more than 45 months, you should consider deferring receipt of DEA benefits. We strongly recommend that you discuss your education or training plans with a VA counselor before making a decision. If you decide to elect benefits under DEA, indicate the date from which you wish your DEA payments to begin.

## HOW TO FILE YOUR CLAIM

You may complete and submit your application online at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill) or be sure to do the following:

**(A) If you have selected a school or training establishment:**

**Step 1:** Mail the completed application to the VA Regional Processing Office for the region of that school's physical address. See the last page for addresses of the VA Regional Processing Offices.

**Step 2:** Tell the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to submit your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

**Step 3:** Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

**(B) If you have not selected a school or training establishment:**

**Step 1:** Mail the completed application to the VA Regional Processing Office for the region of your home address. Check next page for the post office box address for these offices.

**Step 2:** Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

### ADDITIONAL HELP COMPLETING APPLICATION

If you need additional help completing this application or you want information about our work-study program, call VA toll-free at 1-888-GIBILL-1 (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. You can also get more information about education assistance from our education Internet site at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill).

SAMPLE

|   |    |                   |                 |
|---|----|-------------------|-----------------|
| <b>Eastern Region:<br/>VA Regional Office<br/>P. O. Box 4616<br/>Buffalo, NY 14240-4616</b> |    |                   |                 |
| <b>SERVES THE FOLLOWING STATES</b>  |    |                   |                 |
| CT  | DE | DC                | MA              |
| MD  | ME | NC                | NH              |
| NJ  | NY | PA                | RI              |
| VA  | VT | US Virgin Islands | Foreign Schools |
| APO/FPO AA  |    |                   |                 |

|  |             |            |    |
|--|-------------|------------|----|
| <b>Western Region:<br/>VA Regional Office<br/>P. O. Box 8888<br/>Muskogee, OK 74402-8888</b> |             |            |    |
| <b>SERVES THE FOLLOWING STATES</b>   |             |            |    |
| AK   | AL          | AR         | AZ |
| CA   | FL          | GA         | HI |
| ID   | LA          | MS         | NM |
| NV   | OK          | OR         | PR |
| SC   | TX          | UT         | WA |
| Guam   | Philippines | APO/FPO AP |    |

|  |    |    |    |
|--|----|----|----|
| <b>Central Region:<br/>VA Regional Office<br/>P. O. Box 32432<br/>St. Louis, MO 63132-0832</b> |    |    |    |
| <b>SERVES THE FOLLOWING STATES</b>   |    |    |    |
| CO   | IA | IL | IN |
| KS   | KY | MI | MN |
| MO   | MT | NE | ND |
| OH   | SD | TN | WV |
| WI   | WY |    |    |

**PRIVACY ACT INFORMATION:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., awards of benefits) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits allowable under the law. While you do not have to respond, VA cannot process your claim for benefits unless the information is furnished as required by existing law (38 U.S.C. 3513). The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine your eligibility for education benefits (38 U.S.C. 3513). Title 38 U.S.C. allows us to ask for this information. We estimate that you will need an average of 45 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.



## REQUEST FOR DETERMINATION OF LOAN GUARANTY ELIGIBILITY - UNMARRIED SURVIVING SPOUSES

**IMPORTANT: Please read the Privacy Act and Respondent Burden information on page 2 before completing the form.**

IMPORTANT: Complete this form if applying for home loan benefits as an unmarried surviving spouse of a veteran whose death was service-connected. (Note: In some cases, surviving spouses who remarry on or after age 57 may have eligibility.) DO NOT complete this form if requesting restoration of previously used home loan benefit entitlement. Instead, complete VA Form 26-1880, Request for a Certificate of Eligibility. Please send your completed application to the appropriate address shown on Page 2.

IMPORTANT: If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you become eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

### PART I - (To be completed by the applicant)

|   |                              |   |   |
|---|------------------------------|---|---|
| 1A. NAME AND ADDRESS OF APPLICANT ( <i>Unmarried surviving spouse</i> )<br>123 2nd St, Local Town, MN 11111   |                              | 3A. FIRST, MIDDLE, LAST NAME OF VETERAN<br>Joe Sam Marine   |   |
|   |                              | 3B. VETERAN'S DATE OF BIRTH<br>01/01/1922   |   |
| 1B. APPLICANT'S SOCIAL SECURITY NUMBER<br>123-45-67   |                              | 3C. VETERAN'S SOCIAL SECURITY NUMBER<br>123-45-6789   |   |
| 1C. APPLICANT'S DAYTIME TELEPHONE NO. ( <i>Including area code</i> )<br>555-555-5555  |                              | 4. VA FILE NO.<br>XC- 01-23456  | 5. LOCATION OF VA CLAIMS FILE ( <i>If known</i> ) |
| 1D. APPLICANT'S EMAIL ADDRESS ( <i>If applicable</i> )<br>Marine@Corps.com  |                              | 6. VETERAN'S SERVICE NO.<br>123456  | 7. VETERAN'S BRANCH OF SERVICE<br>Marines         |
| 1E. APPLICANT'S DATE OF BIRTH<br>09/15/1930   |                              | 8. DATE OF VETERAN'S DEATH<br>01/01/2000  |   |
| <b>NOTE: If you are a veteran please complete Items 2A, 2B and 2C.</b>  |                              | 9. PERIODS OF DECEASED VETERAN'S MILITARY DUTY  |   |
| 2A. BRANCH OF SERVICE<br>Marines  | 2B. SERVICE NUMBER<br>654321 | A. FROM<br>01/01/1941   | B. TO<br>07/15/1966                               |
| 2C. PERIODS OF SERVICE<br>08/15/1941-11/02/1963   |                              |   |   |
| 10A. ARE YOU IN RECEIPT OF VA DEPENDENCY AND INDEMNITY COMPENSATION?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If "YES," complete Item 10B</i> )  |                              | 10B. VA CLAIM NUMBER<br>895741  |   |
| 11. HAVE YOU PREVIOUSLY APPLIED FOR DETERMINATION OF YOUR ELIGIBILITY FOR LOAN GUARANTY BENEFITS?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |                              | 12. HAVE YOU PREVIOUSLY RECEIVED A CERTIFICATE OF ELIGIBILITY FOR SUCH BENEFITS?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |   |
| 13. HAVE YOU PREVIOUSLY SECURED A VA DIRECT, GUARANTEED OR INSURED LOAN?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ( <i>If "YES," complete Items 14, 15, and 16</i> )  | 14. ADDRESS OF PROPERTY      |   | 16. DATE OF LOAN (Month, Year)                    |
| 15. VA LOAN NUMBER  |                              |   |   |
| 17. INDICATE WHAT YOU ARE SEEKING A VA-GUARANTEED HOME LOAN FOR ( <i>Check appropriate box</i> ):<br><input checked="" type="checkbox"/> PURCHASE LOAN <input type="checkbox"/> CASH OUT REFINANCE LOAN <input type="checkbox"/> INTEREST RATE REDUCTION REFINANCE LOAN |                              |   |   |
| CERTIFICATION: I CERTIFY THAT the above information is true and accurate to the best of my knowledge and belief.  |                              |   |   |
| 18A. SIGNATURE OF APPLICANT ( <i>Unmarried surviving spouse</i> )<br>/S/  |                              |   | 18B. DATE SIGNED<br>11/22/2017                    |
| Federal statutes provide severe penalties for fraud, intentional misrepresentation or criminal connivance or conspiracy to influence the issuance of my guaranty or insurance or the granting of any loan by the Department of Veterans Affairs.                        |                              |   |   |

### PART II - FOR VA USE ONLY

#### SECTION A

|  |   |  |   |
|--|---|--|---|
| <b>TO</b><br><i>(Complete address)</i> | Adjudication Officer<br>Department of Veteran Affairs<br>Regional Office/Center | <b>RETURN TO</b><br><i>(After completion of Section B)</i> | Loan Guaranty Officer<br>Department of Veterans Affairs<br>Regional Office/Center |
|--|---|--|---|

|  |   |                  |
|--|---|------------------|
| The foregoing request for determination of eligibility is forwarded to you for appropriate action and completion of Section B. | 19A. SIGNATURE OF LOAN GUARANTY OFFICER OR DESIGNEE | 19B. DATE SIGNED |
|--|---|------------------|

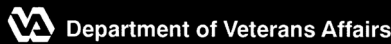
#### SECTION B

|   |           |                                    |
|---|-----------|------------------------------------|
| 20A. CHECK APPROPRIATE BOX<br><input type="checkbox"/> THE ABOVE NAMED DECEASED VETERAN SERVED ON ACTIVE DUTY AS DEFINED IN 38 U.S.C. 101(21) AND SERVED DURING A PERIOD OF SERVICE SPECIFIED IN 38 U.S.C. 3702 AND MEETS THE DEFINITION OF VETERAN AS SPECIFIED IN TITLE 38 U.S.C. 3701. THE ABOVE NAMED APPLICANT IS RECOGNIZED AS THE UNMARRIED SURVIVING SPOUSE.<br><input type="checkbox"/> APPLICANT IS NOT ELIGIBLE ( <i>If checked, complete Item 20B</i> ) |           | 20B. REASON APPLICANT NOT ELIGIBLE |
| 21. SIGNATURE   | 22. TITLE | 23. DATE                           |

| If you live in:  | Please send your completed application to:  |
|--|---|
| Georgia, North Carolina, South Carolina, Tennessee   | Department of Veterans Affairs<br>Atlanta Regional Loan Center<br>P.O. Box 100023<br>Decatur, GA 30031-7023                     |
| Connecticut, Delaware, Indiana, Maine, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont | Department of Veterans Affairs<br>Cleveland Regional Loan Center<br>1240 East Ninth Street<br>Cleveland, OH 44199               |
| Alaska, Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming  | Department of Veterans Affairs<br>Denver Regional Loan Center<br>P.O. Box 25126<br>Denver, CO 80225                             |
| Hawaii, Guam, American Samoa<br>Commonwealth of the Northern Marianas  | Department of Veterans Affairs<br>VA Regional Office<br>Loan Guaranty Division (26)<br>459 Patterson Road<br>Honolulu, HI 96819 |
| Arkansas, Louisiana, Oklahoma, Texas   | Department of Veterans Affairs<br>Houston Regional Loan Center<br>6900 Almeda Road<br>Houston, TX 77030-4200                    |
| Arizona, California, New Mexico, Nevada  | Department of Veterans Affairs<br>Phoenix Regional Loan Center<br>3333 N. Central Avenue<br>Phoenix, AZ 85012-2402              |
| District of Columbia, Kentucky, Maryland, Virginia, West Virginia  | Department of Veterans Affairs<br>Roanoke Regional Loan Center<br>210 Franklin Road, S.W.<br>Roanoke, VA 24011                  |
| Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin   | Department of Veterans Affairs<br>St. Paul Regional Loan Center<br>1 Federal Drive, Ft. Snelling<br>St. Paul, MN 55111-4050     |
| Alabama, Florida, Mississippi, Puerto Rico, U.S. Virgin Islands  | Department of Veterans Affairs<br>St. Petersburg Regional Loan Center<br>9500 Bay Pines Boulevard<br>St. Petersburg, FL 33744   |

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (e.g., to a member of Congress inquiring on behalf of a veteran) as identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records - VA, published in the Federal Register. Your obligation to respond is required in order to determine the surviving spouse's qualifications for a loan. Giving us your SSN account information is voluntary. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

RESPONDENT BURDEN: We need this information to determine a surviving spouse's qualifications for a VA-guaranteed home loan. Title 38, U.S. C., section 3702 authorizes collection of this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if no OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



## Application for CHAMPVA Benefits

Chief Business Office Purchased Care CHAMPVA Eligibility PO Box 469028 Denver, CO 80246-9028 Customer Service Center 1-800-733-8387 FAX 303-331-7809

**Attention:** Please review the instructions on the reverse side and then complete this form in its entirety (print or type only). Return the form and any additional requested information to the address shown above. If applicants indicate in Section II that they have Medicare or Other Health Insurance, each applicant must submit a VA Form 10-7959c. If additional space is needed complete another 10-10d Application for CHAMPVA Benefits, submit and sign.

### Section I - Sponsor Information

|   |  |                                   |                                   |   |  |
|---|--|-----------------------------------|-----------------------------------|---|--|
| <b>Veteran's Last Name</b>                  | <b>First Name</b>  | <b>MI</b>                         | <b>Social Security Number</b>     | <b>VA File Number (Claim Number)</b>              |  |
| Soldier                                     | Josephine  | A                                 | 123-45-6789                       |   |  |
| <b>Street Address</b>                       |  |                                   | <b>City</b>                       | <b>State</b>                                      | <b>Zip Code</b>  |
| 123 1st Avenue                              |  |                                   | Your Town                         | AM  | 11111-1111   |
| <b>Telephone Number (include area code)</b> |  | <b>Date of Birth (mm-dd-yyyy)</b> |                                   | <b>Date of Marriage (mm-dd-yyyy)</b>              |  |
| (987) 666-5555                              |  | 03-17-1962                        |                                   | 06-15-1988  |  |
| Is veteran deceased?                        | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | If yes →<br>If no go to sect. II  | <b>Date of Death (mm-dd-yyyy)</b> | Did veteran die while on active military service? | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |  |                                   | 11-15-2001                        |   |  |

### Section II - Applicant Information (if necessary, continue on additional 10-10d and complete in its entirety)

|   |                                   |  |   |  |                 |
|---|-----------------------------------|--|---|--|-----------------|
| <b>Last Name</b>                            | <b>First Name</b>                 | <b>MI</b>  | <b>Social Security Number</b>   | <b>Sex</b> <input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female |                 |
| Soldier                                     | Frank                             | A  | 133-33-6789   |  |                 |
| <b>Email Address</b>                        | <b>Street Address</b>             |  | <b>City</b>   | <b>State</b>   | <b>Zip Code</b> |
| Soldier@something.com                       | 123 1st Avenue                    |  | Your Town   | AM   | 11111-1111      |
| <b>Telephone Number (include area code)</b> | <b>Date of Birth (mm-dd-yyyy)</b> | <b>Enrolled in Medicare?</b> <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br><small>If yes, complete VA Form 10-7959c and attach a copy of Medicare Card</small> | <b>Other Health Insurance?</b> <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><small>If yes, complete VA Form 10-7959c and attach a copy of Insurance card</small> | <b>Relationship to the veteran (i.e., spouse, child, stepchild)</b>                    |                 |
| (987) 666-5555                              | 07-12-1966                        |  |   | Husband  |                 |
| <b>Last Name</b>                            | <b>First Name</b>                 | <b>MI</b>  | <b>Social Security Number</b>   | <b>Sex</b> <input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female |                 |
| Soldier                                     | Christopher                       |  | 787-44-1698   |  |                 |
| <b>Email Address</b>                        | <b>Street Address</b>             |  | <b>City</b>   | <b>State</b>   | <b>Zip Code</b> |
| Soldier@something.com                       | 123 1st Avenue                    |  | Your Town   | AM   | 11111-1111      |
| <b>Telephone Number (include area code)</b> | <b>Date of Birth (mm-dd-yyyy)</b> | <b>Enrolled in Medicare?</b> <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><small>If yes, complete VA Form 10-7959c and attach a copy of Medicare Card</small> | <b>Other Health Insurance?</b> <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><small>If yes, complete VA Form 10-7959c and attach a copy of Insurance card</small> | <b>Relationship to the veteran (i.e., spouse, child, stepchild)</b>                    |                 |
| (987) 666-5555                              | 10-09-1995                        |  |   | Child  |                 |
| <b>Last Name</b>                            | <b>First Name</b>                 | <b>MI</b>  | <b>Social Security Number</b>   | <b>Sex</b> <input type="checkbox"/> Male<br><input type="checkbox"/> Female            |                 |
|   |                                   |  |   |  |                 |
| <b>Email Address</b>                        | <b>Street Address</b>             |  | <b>City</b>   | <b>State</b>   | <b>Zip Code</b> |
|   |                                   |  |   |  |                 |
| <b>Telephone Number (include area code)</b> | <b>Date of Birth (mm-dd-yyyy)</b> | <b>Enrolled in Medicare?</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><small>If yes, complete VA Form 10-7959c and attach a copy of Medicare Card</small>            | <b>Other Health Insurance?</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><small>If yes, complete VA Form 10-7959c and attach a copy of Insurance card</small>            | <b>Relationship to the veteran (i.e., spouse, child, stepchild)</b>                    |                 |
|   |                                   |  |   |  |                 |

### Section III - Certification

Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting false, fictitious, or fraudulent statements or claims

I declare under penalty of perjury that the foregoing is true and accurate to the best of my knowledge. I understand that any materially false, fictitious, or fraudulent statement or representation, made knowingly, is punishable by a fine and/or imprisonment pursuant to title 18, United States Code, Sections 287 and 1001 (Sign and date on right). If certification is signed by a person other than an applicant, complete the following:

|                       |                   |           |   |                                     |
|-----------------------|-------------------|-----------|---|-------------------------------------|
|                       |                   |           | <b>Signature</b>                            | <b>Date</b>                         |
|                       |                   |           | X   | 11-22-2017                          |
| <b>Last Name</b>      | <b>First Name</b> | <b>MI</b> | <b>Telephone Number (include area code)</b> | <b>Relationship to Applicant(s)</b> |
| Soldier               | Frank             | A         | (987) 666-5555                              | Husband                             |
| <b>Street Address</b> |                   |           | <b>City</b>                                 | <b>State</b> <b>Zip Code</b>        |
| 123 1st Avenue        |                   |           | Your Town                                   | AM      11111-1111                  |

VA FORM 10-10d  
 JUL 2014

**SUPERSEDES VA FORM 10-10D, JUN 2010, WHICH WILL NOT BE USED**

**Notice: Termination of marriage by divorce or annulment to the qualifying sponsor ends CHAMPVA eligibility as of midnight on the effective date of the dissolution of marriage. Changes in status should be reported immediately to CHAMPVA, ATTN: Eligibility Unit, PO Box 469028, Denver, CO 80246-9028 or call 1-800-733-8387.**

**Privacy Act Information:** The authority for collection of the requested information on this form is 38 USC 501 and 1781. The purpose of collecting this information is to determine your eligibility for CHAMPVA benefits. The information you provide may be verified by a computer matching program at any time. You are requested to provide your social security number as your VA record is filed and retrieved by this number. You do not have to provide the requested information on this form but if any or all of the requested information is not provided, it may delay or result in denial of your request for CHAMPVA benefits. Failure to furnish the requested information will have no adverse impact on any other VA benefit to which you may be entitled. The responses you submit are considered confidential and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records number 54VA16, titled "Health Administration Center Civilian Health and Medical Program Records -VA", as set forth in the Compilation of Privacy Act Issuances via online GPO access at <http://www.gpoaccess.gov/privacyact/index.html>. For example, information including your Social Security number may be disclosed to contractors, trading partners, health care providers and other suppliers of health care services to determine your eligibility for medical benefits and payment for services.

**The Paperwork Reduction Act:** This information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing the burden, may be addressed by calling the CHAMPVA Help Line, 800-733-8387. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. The purpose of this data collection is to determine eligibility for CHAMPVA benefits.

## Application for CHAMPVA Benefits – Important Notes and Definitions

### **CHAMPVA Eligibility Criteria**

The following persons are eligible for CHAMPVA benefits, **providing they are NOT eligible for DoD's TRICARE benefits:**

- ***the spouse or child of a veteran who has been rated by a VA regional office as having a permanent and total service-connected condition/disability;***
- ***the surviving spouse or child of a veteran who died as a result of a VA-rated service-connected condition; or who, at the time of death, was rated permanently and totally disabled from a service-connected condition; and***
- ***the surviving spouse or child of a person who died in the line of duty and not due to misconduct.***

**Medicare Impact.** If you are eligible or become eligible for Medicare Part A and you are under age 65, you MUST have Part B to be covered by CHAMPVA. Effective October 1, 2001, CHAMPVA benefits were extended to beneficiaries age 65 or older. If you are eligible for Medicare Part A and you are age 65 or older, you are required to have Part B to be covered by CHAMPVA if your 65th birthday was on or after June 5, 2001, or if you were already enrolled in Part B prior to June 5, 2001.



### **Eligibility Definitions**

**Service-connected condition/disability** – Refers to a VA determination that a veteran's illness or injury was incurred or aggravated while on active duty in military service and resulted in some degree of disability.

**Sponsor** – Refers to the veteran upon whom CHAMPVA eligibility for the applicant is based.

**Spouse** – Refers to a person who is married to or is a widow(er) of an eligible CHAMPVA sponsor. If you are certifying that a person is your spouse for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse reside when you file your claim (or at a later date when you become eligible for benefits) (38 U.S.C. 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>. If the spouse remarries prior to age 55, CHAMPVA benefits end on the date of the remarriage. Effective February 4, 2003, if the spouse remarries on or after age 55, CHAMPVA benefits continue. Additionally, in some instances, a remarried surviving spouse whose remarriage is either terminated by death, divorce or annulment is CHAMPVA eligible when supported by a copy of the appropriate documentation (death certificate/divorce decree/annulment certification).

**Child** – Includes legitimate, adopted, illegitimate, and stepchildren. To be eligible, the child must be unmarried and: 1) under the age of 18; or 2) who, before reaching age 18, became permanently incapable of self-support as rated by a VA regional office; or 3) who, after reaching age 18 and continuing up to age 23, is enrolled in a full-time course of instruction at an approved educational institution---school certification required (see below).

**NOTE:** Except for stepchildren, the eligibility of children is not affected by divorce or remarriage of the spouse or surviving spouse.

### **School Certification**

In order to extend CHAMPVA benefits to students age 18 to 23, school certification of full-time enrollment must be submitted by the college, vocational or high school, etc. Student status for CHAMPVA purposes is established up to a full school term based on the initial enrollment letter from the accredited education institution, that is, four years (4) for traditional schooling programs, two years (2) for technical schooling programs. School certification for each term or a full year is required for recertification of full time attendance until graduation or age 23. For high schools, this period is the normal beginning and ending school year.

School certification letters should be on school letterhead and include:

- Student's full name
- Student's Social Security number (SSN)
- Exact beginning date and projected graduation date
- Number of semester hours or equivalent (high schools excluded)
- Certification of full-time status

School generated forms are acceptable as long as they provide the above information. While certifications submitted in a foreign language are acceptable, additional time will be required for translation. Certifications may be submitted by mail to the address on the front or by FAX to 1-303-331-7809.

**NOTE:** It is important to notify the Chief Business Office Purchased Care of any change in student status such as withdrawal or change from full-time to part-time status. School vacation periods, holidays, and summer breaks (providing the student attends school on a full-time basis both before and after the summer break) are not considered an interruption in full-time attendance and will not create a break in CHAMPVA eligibility.

# GENERAL INFORMATION SHEET

## CLAIM FOR STANDARD GOVERNMENT HEADSTONE OR MARKER

**RESPONDENT BURDEN** - Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. VA cannot conduct or sponsor a collection of information unless it has a valid OMB number. Your obligation to respond is voluntary, however, your response is required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send claims for benefits to this address.

### **BENEFIT PROVIDED**

#### **a. HEADSTONE OR MARKER**

*Only for Veterans who died on or after November 1, 1990* - Furnished for the grave of any eligible deceased Veteran. Will be provided for placement in private cemeteries regardless of whether or not the grave is already marked with a privately-purchased headstone or marker.

*Only for Veterans who died before November 1, 1990* - Furnished for the **UNMARKED GRAVE** of any eligible deceased Veteran. The applicant must certify the grave is **unmarked**. **For Veterans that served prior to World War I, a grave is considered marked when a headstone/marker displays the decedent's name only, or if the name was historically documented in a related document, such as by a number that is inscribed on a grave block and is recorded in a burial ledger. For service during and after World War I, a grave is considered marked if a headstone/marker displays the decedent's name and date of birth and/or death, even though the Veteran's military data is not shown.**

**b. MEMORIAL HEADSTONE OR MARKER** - Furnished for placement in a cemetery only to commemorate a deceased eligible Veteran whose remains have not been recovered or identified, were buried at sea, donated to science, or cremated and the remains scattered. May not be used as a memento. Check box in block 28 and explain in block 27.

**c. MEDALLION** - Eligible Veterans may receive a Government-furnished headstone or marker, or a medallion, but not both. *If requesting a medallion, please use VA Form 40-1330M.*

**WHO IS ELIGIBLE** - Any deceased Veteran discharged under honorable conditions and any member of the Armed Forces of the United States who dies on active duty. A deceased Veteran discharged under conditions other than honorable may also be eligible. A copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing qualifying military service must be attached. **Do not send original documents**; they will not be returned. **Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty.** Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; a copy of the Reserve Retirement Eligibility Benefits Letter must accompany the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible. Service prior to World War I requires detailed documentation, e.g., muster rolls, extracts from State files, military or State organization where served, pension or land warrant, etc.

**WHO CAN APPLY** - Federal regulation defines "applicant" as the decedent's Next-of-Kin (NOK); a person authorized in writing by the NOK; or a personal representative authorized in writing by the decedent. Written authorization must be included with claim. A notarized statement is not required.

### **HOW TO SUBMIT A CLAIM**

**FAX** claims and supporting documents to **1-800-455-7143**.

**IMPORTANT:** If faxing more than one claim - fax each claim package (claim plus supporting documents) individually, i.e., disconnect the call and redial for each submission.

**MAIL** claims to: **Memorial Programs Service (41B)**  
**Department of Veterans Affairs**  
**5109 Russell Road**  
**Quantico, VA 22134-3903**

*A Government headstone or marker may be furnished only upon receipt of a fully completed and signed claim with required supporting documentation.*

**SIGNATURES REQUIRED** - The applicant signs in block 17; the person agreeing to accept delivery (consignee) in block 22, and the cemetery or other responsible official in block 24. If there is no official on duty at the cemetery, the signature of the person responsible for the property listed in block 21 is required. Entries of "None," "Not Applicable," or "NA" cannot be accepted. State Veterans' Cemeteries are not required to complete blocks 17, 18, 22 and 23.

**ASSISTANCE NEEDED** - If assistance is needed to complete this claim, contact the nearest VA Regional Office, national cemetery, or a local veterans' organization. No fee should be paid in connection with the preparation of this claim. Use block 27 for any clarification or other information you wish to provide. Should you have questions when filling out this form, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or via e-mail at [mps.headstones@va.gov](mailto:mps.headstones@va.gov).

**TRANSPORTATION AND DELIVERY OF MARKER** - The headstone or marker is shipped without charge to the consignee designated in block 19 of the claim. **The delivery will not be made to a Post Office box.** The consignee should be a business with full delivery address and telephone number. If the consignee is not a business explain fully in block 27. For delivery to a Rural Route address, you must include a daytime telephone number including area code in block 20. If you fail to include the required address and telephone number information, we cannot deliver the marker. The Government is not responsible for costs to install the headstone or marker in private cemeteries.

**CAUTION** - *To avoid delays in the production and delivery of the headstone or marker, please check carefully to be sure you have accurately furnished all required information before faxing or mailing the claim. If inaccurate information is furnished, it may result in an incorrectly inscribed headstone or marker. Headstones and markers furnished remain the property of the United States Government and may not be used for any purpose other than to be placed at an eligible individual's grave or in a memorial section within a cemetery.*

**DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.**

VA FORM  
FEB 2014 **40-1330**

ALL PREVIOUS VERSIONS OF THIS FORM WILL BE OBSOLETE ON OCTOBER 1, 2014

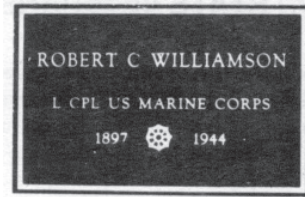
# ILLUSTRATIONS OF STANDARD GOVERNMENT HEADSTONES AND MARKERS

**UPRIGHT HEADSTONE  
WHITE MARBLE OR  
LIGHT GRAY GRANITE**



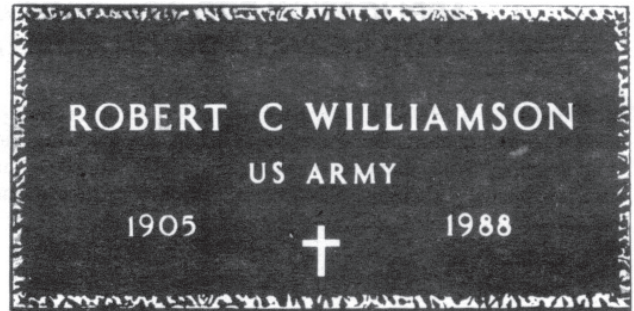
This headstone is 42 inches long, 13 inches wide and 4 inches thick. Weight is approximately 230 pounds. Variations may occur in stone color, and the marble may contain light to moderate veining.

**BRONZE NICHE**



This niche marker is 8-1/2 inches long, 5-1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker. Used for columbarium or mausoleum interment. Also provided to supplement a privately-purchased headstone or marker for eligible Veterans who died on or after November 1, 1990 and are buried in a private cemetery.

**FLAT MARKERS  
BRONZE**



This grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The base is not furnished by the Government.

**LIGHT GRAY GRANITE OR WHITE MARBLE**



This grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining.

**NOTE:** Civil War Era headstones - In addition to the headstone and markers pictured, two special styles of upright headstones are available for those who served with Union Forces during the Civil War or for those who served in the Spanish-American War, and another for those who served with the Confederate States of America during the Civil War. Requests for these special styles should be made in block 27 of the claim. It is necessary to submit detailed documentation that supports eligibility. Inscriptions on these headstone types are intentionally limited to assure historic accuracy. For example, only rank above 'Private' was historically authorized; emblems of belief and the words 'Civil War' are not provided.

## INSCRIPTION INFORMATION

**MEMORIAL HEADSTONES AND MARKERS** (remains are not buried). The words "In Memory Of" are mandatory and precede the authorized inscription data. The words "In Memory Of" are only inscribed when remains are not available.

**MANDATORY ITEMS** of inscription at Government expense are: Legal Name, Branch of Service, Year of Birth, Year of Death, and for State Veterans and National Cemeteries only, the section and grave number. Branches of Service are: U.S. Army (USA), U.S. Navy (USN), U.S. Air Force (USAF), U.S. Marine Corps (USMC), U.S. Coast Guard (USCG), U.S. Army Air Forces (USAAF), and other parent organizations authorized for certain periods of time; and special units such as Women's Army Auxiliary Corps (WAAC), Women's Air Force Service Pilots (WASP), U.S. Public Health Service (USPHS), and National Oceanic & Atmospheric Administration (NOAA). Different examples of inscription formats are illustrated above. More than one branch of service is permitted, subject to space availability.

**OPTIONAL ITEMS** are identified on the claim in boxes with bold outlines. These items may be included at Government expense if desired. Optional items include month and day of birth in block 5A, month and day of death in block 5B, highest rank attained in block 7, awards in block 9, war service in block 10, and emblem of belief in block 12. War service includes active duty service during a recognized period of war and the individual does not have to serve in the actual place of war, e.g., Vietnam may be inscribed if the Veteran served during the Vietnam War period, even though the individual never served in the country. Supporting documentation must be included with the claim if you wish to include the highest rank and/or awards.

**ADDITIONAL ITEMS** may be inscribed at Government expense if they are requested on the initial claim and space is available. Examples of additional items include appropriate terms of endearment, nicknames (in expressions such as "OUR BELOVED POPPY"), military or civilian credentials or accomplishments such as DOCTOR, REVEREND, etc., and special unit designations such as WOMEN'S ARMY CORPS, ARMY AIR CORPS, ARMY NURSE CORPS or SEABEES. All requests for additional inscription items should be stated in block 27, and are subject to VA approval. No graphics, emblems or pictures are permitted except available emblems of belief, the Medal of Honor, and the Southern Cross of Honor for Civil War Confederates.

**RESERVED SPACE** for future inscriptions at private expense, such as spousal or dependent data, is allowed if requested in block 27 and if space is available. Only two lines of space may be reserved on flat markers due to space limitations. Reserved space is unnecessary on upright marble or granite headstones as the reverse side is available for future inscriptions.

**INCOMPLETE OR INACCURATE INFORMATION ON THE CLAIM MAY RESULT IN ITS RETURN TO THE CLAIMANT, A DELAY IN RECEIPT OF THE HEADSTONE OR MARKER, OR AN INCORRECT INSCRIPTION.**



**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<br>(with privately purchased marker) | <input checked="" type="checkbox"/> NOT MARKED |
| Joseph  | A                   | Soldier |        |  |  |

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: 123-45-6789 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   |       | 11   | 01                    | 1952 | 11   | 01 | 1962 |
| MONTH   | DAY | YEAR  | MONTH | DAY  | YEAR                  |      |      |    |      |
| 01  | 01  | 37  | 01    | 01   | 2017                  |      |      |    |      |

|  |   |                          |                          |                          |                          |                          |                          |                          |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. HIGHEST RANK ATTAINED (No pay grades) | 8. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 7) |                          |                          |                          |                          |                          |                          |                          |
| SSG                                      | ARMY  | NAVY                     | MARINE CORPS             | COAST GUARD              | AIR FORCE                | ARMY AIR FORCES          | MERCHANT MARINE          | OTHER (Specify)          |
|  | <input checked="" 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 CROSS                | NAVY CROSS               | AIR FORCE CROSS          | SILVER STAR              | BRONZE STAR                                | 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 checked="" type="checkbox"/>        | <input type="checkbox"/> |                 | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> U | <input type="checkbox"/> F | <input type="checkbox"/> Z | <input type="checkbox"/> V | <input type="checkbox"/>     | <input checked="" type="checkbox"/> 01  |

|   |  |
|---|--|
| 13A. NAME AND MAILING ADDRESS OF APPLICANT (No., Street, City, State, and ZIP Code) | 13B. DAYTIME PHONE NO. OF APPLICANT (123) 444-5555 |
| 123 1st Avenue<br>Your Town, America 11111-1111                                     |  |
| 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) |
| /s/                        | 03/17/2017            |

|   |   |  |
|---|---|--|
| 19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State, and ZIP Code); <b>P.O. BOX IS NOT ACCEPTABLE</b> | 20. DAYTIME PHONE NO. (Include Area Code) | 21. NAME AND ADDRESS OF CEMETERY WHERE GRAVE IS LOCATED (No., Street, City, State, and ZIP Code) |
| Local Cemetery<br>1 Oak St<br>Your Town, America 11111-1111   | (987) 666-5555                            | Local Cemetery<br>1 Oak St<br>Your Town, America 11111-1111                                      |

|   |                       |
|---|-----------------------|
| <b>CERTIFICATION: By signing below I agree to accept prepaid delivery of the headstone or marker.</b> |                       |
| 22. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 19          | 23. DATE (MM/DD/YYYY) |
| Foreman Local Cemetery /s/  | 03/17/2017            |

|  |   |                       |
|--|---|-----------------------|
| <b>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.</b> |   |                       |
| 24. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL   | 25. DAYTIME PHONE NO. (Include Area Code) | 26. DATE (MM/DD/YYYY) |
| Foreman Local Cemetery   | (987) 666-5555                            | 03/17/2017            |

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  |   |

## AVAILABLE EMBLEMS (See block 12)

The graphics shown below are of 20 representative emblems of belief for placement on Government-furnished headstones/markers.



(1)  
LATIN CROSS



(2)  
BUDDHIST



(3)  
JUDAISM  
(Star of David)



(4)  
PRESBYTERIAN CROSS



(5)  
RUSSIAN ORTHODOX CROSS



(6)  
LUTHERAN CROSS



(7)  
EPISCOPAL CROSS



(8)  
UNITARIAN CHURCH  
(Flaming Chalice)



(9)  
UNITED METHODIST CHURCH



(10)  
AARONIC ORDER CHURCH



(11)  
MORMON-ANGEL MORONI



(12)  
NATIVE AMERICAN CHURCH  
OF NORTH AMERICA



(13)  
SERBIAN ORTHODOX



(14)  
GREEK CROSS



(17)  
MUSLIM  
CRESCENT AND STAR



(20)  
COMMUNITY OF CHRIST



(21)  
SUFISM REORIENTED



(27)  
UNITED MORAVIAN CHURCH



(29)  
CHRISTIAN CHURCH



(31)  
UNITED CHURCH OF CHRIST

### EMBLEMS OF BELIEF AVAILABLE:

- |   |   |
|---|---|
| <p>LATIN CROSS (01)<br/>                 BUDDHIST (Wheel of Righteousness) (02)<br/>                 JUDAISM (Star of David) (03)<br/>                 PRESBYTERIAN CROSS (04)<br/>                 RUSSIAN ORTHODOX CROSS (05)<br/>                 LUTHERAN CROSS (06)<br/>                 EPISCOPAL CROSS (07)<br/>                 UNITARIAN CHURCH (Flaming Chalice) (08)<br/>                 UNITED METHODIST CHURCH (09)<br/>                 AARONIC ORDER CHURCH (10)<br/>                 MORMON (Angel Moroni) (11)<br/>                 NATIVE AMERICAN CHURCH OF NORTH AMERICA (12)<br/>                 SERBIAN ORTHODOX (13)<br/>                 GREEK CROSS (14)<br/>                 BAHAI (9 Pointed Star) (15)<br/>                 ATHEIST (16)<br/>                 MUSLIM (Crescent and Star) (17)<br/>                 HINDU (18)<br/>                 KONKO-KYO FAITH (19)<br/>                 COMMUNITY OF CHRIST (20)<br/>                 SUFISM REORIENTED (21)<br/>                 TENRIKYO CHURCH (22)<br/>                 SIECHO-NO-IE (23)<br/>                 THE CHURCH OF WORLD MESSIANITY (Izunome) (24)<br/>                 UNITED CHURCH OF RELIGIOUS SCIENCE (25)<br/>                 CHRISTIAN REFORMED CHURCH (26)<br/>                 UNITED MORAVIAN CHURCH (27)<br/>                 ECKANKAR (28)<br/>                 CHRISTIAN CHURCH (29)</p> | <p>CHRISTIAN &amp; MISSIONARY ALLIANCE (30)<br/>                 UNITED CHURCH OF CHRIST (31)<br/>                 HUMANIST (AMERICAN HUMANIST ASSOCIATION) (32)<br/>                 PRESBYTERIAN CHURCH (USA) (33)<br/>                 IZUMO TAISHAKYO MISSION OF HAWAII (34)<br/>                 SOKA GAKKAI INTERNATIONAL - USA (35)<br/>                 SIKH (KHANDA) (36)<br/>                 WICCAN (37)<br/>                 LUTHERAN CHURCH MISSOURI SYNOD (38)<br/>                 NEW APOSTOLIC CHURCH (39)<br/>                 SEVENTH DAY ADVENTIST CHURCH (40)<br/>                 CELTIC CROSS (41)<br/>                 ARMENIAN CROSS (42)<br/>                 FAROHAR (43)<br/>                 MESSIANIC JEWISH (44)<br/>                 KOHEN HANDS (45)<br/>                 CATHOLIC CELTIC CROSS (46)<br/>                 THE FIRST CHURCH OF CHRIST, SCIENTIST (Cross and Crown) (47)<br/>                 MEDICINE WHEEL (48)<br/>                 INFINITY (49)<br/>                 LUTHER ROSE (51)<br/>                 LANDING EAGLE (52)<br/>                 FOUR DIRECTIONS (53)<br/>                 CHURCH OF NAZARENE (54)<br/>                 HAMMER OF THOR (55)<br/>                 UNIFICATION CHURCH (56)<br/>                 SANDHILL CRANE (57)<br/>                 MUSLIM (Islamic 5 Pointed Star) (98)</p> |
|---|---|

To obtain the most recent information about headstones and markers including the complete and most current list of available emblems of belief (listing all names and graphics), please visit our website at [www.cem.va.gov](http://www.cem.va.gov). You may also request a copy of this list by contacting our Applicant Assistance Unit toll free at 1-800-697-6947, or via e-mail at: [mps.headstones@va.gov](mailto:mps.headstones@va.gov).

# GENERAL INFORMATION SHEET

## CLAIM FOR GOVERNMENT MEDALLION FOR PLACEMENT IN A PRIVATE CEMETERY

**RESPONDENT BURDEN** - Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. VA cannot conduct or sponsor a collection of information unless it has a valid OMB number. Your obligation to respond is voluntary, however, your response is required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send applications for benefits to this address.

### **BENEFIT PROVIDED - MEDALLION (Only for Veterans who died on or after November 1, 1990)**

Furnished upon receipt of claim for affixing to an existing privately-purchased headstone or marker placed at the gravesite of an eligible deceased Veteran who is buried in a private cemetery. The medallion is made of bronze and available in three sizes: Large, Medium, Small. Each medallion is inscribed with the word VETERAN across the top and the Branch of Service at the bottom (*see Note in Block 6 of the claim for further information*). Eligible Veterans may receive a Government furnished headstone or marker, or a medallion, but not both. *If requesting a headstone or marker, please use the VA Form 40-1330.*

Shown below are the three medallions with the actual dimensions (+/- 1/32") for width and height.



**Large Medallion**

**Dimensions: 6 3/8" W, 4 3/4" H, 1/2" D**



**Medium Medallion**

**Dimensions: 3 3/4" W, 2 7/8" H, 1/4" D**



**Small Medallion**

**Dimensions: 2" W, 1 1/2" H, 1/3" D**

**WHO IS ELIGIBLE** - Any member of the Armed Forces of the United States who dies on active duty and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker. Any deceased Veteran discharged under honorable conditions, who died on or after November 1, 1990, and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker. A deceased Veteran discharged under conditions other than honorable, who died on or after November 1, 1990, and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker, may also be eligible. A copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing qualifying military service must be attached. **Do not send original documents;** they will not be returned. **Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty.** Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; a copy of the Reserve Retirement Eligibility Benefits Letter must accompany the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible.

**WHO CAN APPLY** - Federal regulation defines "applicant" as the decedent's Next of Kin (NOK); a person authorized in writing by the NOK; or a personal representative authorized in writing by the decedent. Written authorization must be included with claim. A notarized statement is not required.

### **HOW TO SUBMIT A CLAIM**

**FAX** claims and supporting documents to: **1-800-455-7143.**

**IMPORTANT:** If faxing more than one claim - fax each claim package (*claim plus supporting documents*) individually (*disconnect the call and redial for each submission*).

**MAIL** claims to: **Memorial Programs Service (41B)**  
**Department of Veterans Affairs**  
**5109 Russell Road**  
**Quantico, VA 22134-3903**

*A VA medallion may be furnished only upon receipt of a fully completed and signed claim with required supporting documentation.*

**SIGNATURES REQUIRED** - The applicant must sign in Block 12A. The applicant must be the Next of Kin or an authorized representative of the decedent or the Next of Kin.

**ASSISTANCE NEEDED** - If assistance is needed to complete this claim, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or via e-mail at [mpps.headstones@va.gov](mailto:mpps.headstones@va.gov). No fee should be paid in connection with the preparation of this claim. For more information regarding medallion eligibility, affixing procedures, and sizes, visit our website at [www.cem.va.gov](http://www.cem.va.gov).

**DELIVERY** - The medallion is shipped without charge to the name/address designated in Block 13 of the claim. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Appropriate affixing adhesives, hardware and instructions are provided with the medallion.

**CAUTION** - *To avoid delays in the production and delivery of the medallion, please check carefully to be sure you have accurately furnished all required information and documents before faxing or mailing the claim. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Medallions furnished remain the property of the United States Government and may not be used for any purpose other than to be affixed to the privately purchased headstone or marker of an eligible deceased Veteran buried in a private cemetery.*

**DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.**

**Department of Veterans Affairs** **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. Unless indicated otherwise all other blocks must be completed. **MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION ARE REQUIRED.**

|                             |                     |      |        |   |                                     |
|-----------------------------|---------------------|------|--------|---|-------------------------------------|
| 1. NAME OF DECEASED VETERAN |                     |      |        | 2. GRAVE IS:  |                                     |
| FIRST (Or Initial)          | MIDDLE (Or Initial) | LAST | SUFFIX | <input checked="" type="checkbox"/> CURRENTLY MARKED<br>(with privately purchased marker) | <input type="checkbox"/> NOT MARKED |
| Joe                         | S                   | Navy |        |   |                                     |

|  |     |      |                                 |     |      |                       |     |      |
|--|-----|------|---------------------------------|-----|------|-----------------------|-----|------|
| VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941) |     |      |                                 |     |      |                       |     |      |
| 3. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO.                                    |     |      | PERIODS OF ACTIVE MILITARY DUTY |     |      |                       |     |      |
| SSN: 123-45-6789 SVC. NO.: 12345678  |     |      | 5A. DATE(S) ENTERED             |     |      | 5B. DATE(S) SEPARATED |     |      |
|  |     |      | MONTH                           | DAY | YEAR | MONTH                 | DAY | YEAR |
| 4A. DATE OF BIRTH  |     |      | 4B. DATE OF DEATH               |     |      |                       |     |      |
| MONTH  | DAY | YEAR | MONTH                           | DAY | YEAR |                       |     |      |
| 01   | 01  | 1922 | 01                              | 01  | 2016 | 01                    | 01  | 1947 |

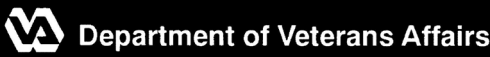
|   |                                       |  |  |   |  |  |  |
|---|---------------------------------------|--|--|---|--|--|--|
| 6. BRANCH OF SERVICE (BOS) (Check applicable box(es)) <b>NOTE:</b> If one BOS is selected, it will be spelled out on the medallion, i.e. U.S. ARMY, U.S. AIR FORCE, etc. If more than one BOS is selected, they will be abbreviated on the medallion, i.e. USA, USAF, USN, USMC, USCG, etc. |                                       |  |  | 7. MEDALLION SIZE REQUESTED (Check one) (Refer to instructions for exact sizes) |  |  |  |
| <input type="checkbox"/> ARMY   | <input type="checkbox"/> MARINE CORPS | <input type="checkbox"/> COAST GUARD             | <input type="checkbox"/> MERCHANT MARINE                     | <input type="checkbox"/> LARGE (M5)   |  |  |  |
| <input checked="" type="checkbox"/> NAVY  | <input type="checkbox"/> AIR FORCE    | <input type="checkbox"/> ARMY AIR FORCES (WW II) | <input type="checkbox"/> OTHER (USAAC, WAAC, etc.) (Specify) | <input checked="" type="checkbox"/> MEDIUM (M3)                                 |  |  |  |
|   |                                       |  |  | <input type="checkbox"/> SMALL (M1)   |  |  |  |

|   |  |   |  |                                    |  |
|---|--|---|--|------------------------------------|--|
| 8. NAME AND MAILING ADDRESS OF APPLICANT (No., Street, City, State, and ZIP Code) |  | 9. ARE YOU:   |  | 10. DAYTIME PHONE NO. OF APPLICANT |  |
| Sally S Army<br>1 1st Street<br>Your City, US 55555                               |  | <input checked="" type="checkbox"/> NEXT OF KIN (Specify Relationship) <u>Don</u>                           |  | (123) 456-7890                     |  |
|   |  | <input type="checkbox"/> AUTHORIZED REPRESENTATIVE ON BEHALF OF DECEDED (Include Written Authorization)     |  | 11. E-MAIL ADDRESS (Optional)      |  |
|   |  | <input type="checkbox"/> AUTHORIZED REPRESENTATIVE ON BEHALF OF NEXT OF KIN (Include Written Authorization) |  |                                    |  |

**CERTIFICATION:** By signing below I certify the medallion will be affixed to a privately purchased headstone or marker in the cemetery listed in Block 15 at no expense to the Government, and that I (or the party listed in Block 13) 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.

|  |  |   |  |
|--|--|---|--|
| 12A. SIGNATURE OF APPLICANT  |  | 12B. DATE (MM/DD/YYYY)                    |  |
| /s/  |  | 03/17/2017                                |  |
| 13. NAME AND DELIVERY ADDRESS FOR MEDALLION (No., Street, City, State, and ZIP Code); (If same as applicant, please enter SAME)                            |  | 14. DAYTIME PHONE NO. (Include Area Code) |  |
| Sally S Army<br>1 1st Street<br>Your City, US 55555  |  | (123) 456-7890                            |  |
| 15. NAME AND ADDRESS OF CEMETERY WHERE PRIVATELY PURCHASED HEADSTONE OR MARKER OF THE DECEASED VETERAN IS LOCATED (No., Street, City, State, and ZIP Code) |  |   |  |
| Local Cemetery<br>2 2nd Street<br>Your City, US 55555  |  |   |  |



## APPLICATION FOR PRE-NEED DETERMINATION OF ELIGIBILITY FOR BURIAL IN A VA NATIONAL CEMETERY

**NOTE:** Please read information on reverse before completing this form. If additional space is required, attach a separate sheet of paper.

**Submit Application and Supporting Documentation to VA by:**  
**Mail:** to National Cemetery Scheduling Office, P.O. Box 510543, St. Louis, MO 63151; or  
**Fax:** to the National Cemetery Scheduling Office at (855) 840-8299

**IMPORTANT:** Pre-Need means before death. Only complete this form if you are applying for a Pre-Need determination of eligibility for burial in a VA national cemetery. Time of Need means time of death. DO NOT complete this form if the individual is already deceased; instead, contact a local funeral home or the National Cemetery Scheduling Office at 1-800-535-1117 to expedite processing.

**\*REQUIRED ITEMS: YOU MUST COMPLETE THOSE ITEMS IDENTIFIED WITH AN ASTERISK (\*)**

### SECTION I - VETERAN/SERVICEMEMBER

*(Claims for eligibility for burial are based upon the Veterans/Servicemember's military service)*

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| *1. VETERAN/SERVICEMEMBER NAME<br><i>(Include Suffix) (Last, First, Middle Name or Initial)</i><br><br>Air Force, Joe, Sam  |  | *2. NAME USED DURING MILITARY SERVICE <i>(Include Suffix)</i><br><i>(If different than Item 1) (Last, First, Middle Name)</i>  |  | 3. MAILING ADDRESS <i>(Street, City, State, and Zip Code, P.O. Box, Rural Route, etc.)</i><br>123 4th Avenue<br>Your Town, MN 11111 |  |
| *4. SOCIAL SECURITY NUMBER<br>123-45-6789   | 5. MILITARY SERVICE NUMBER <i>(If different from SSN)</i>            |  | 6. VA CLAIM NUMBER <i>(If known)</i>   |   | *7. GENDER<br><input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| 8. DATE OF BIRTH <i>(MM/DD/YYYY)</i><br>01/01/1922  | 9. PLACE OF BIRTH <i>(City, State or Territory)</i><br>Home Town, MN |  | *10. IS VETERAN/SERVICEMEMBER DECEASED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW |   | 11. DATE OF DEATH <i>(If applicable) (MM/DD/YYYY)</i>                                  |
| *12. MARITAL STATUS<br><input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input checked="" type="checkbox"/> MARRIED<br><input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED |  | *13. MILITARY STATUS USED TO APPLY FOR ELIGIBILITY DETERMINATION <i>(Check all that apply)</i><br><input checked="" type="checkbox"/> A. VETERAN <input type="checkbox"/> B. RETIRED ACTIVE DUTY <input type="checkbox"/> C. DIED ON ACTIVE DUTY <input type="checkbox"/> D. RETIRED RESERVE<br><input type="checkbox"/> E. RETIRED NATIONAL GUARD <input type="checkbox"/> F. DEATH RELATED TO INACTIVE DUTY TRAINING <input type="checkbox"/> G. OTHER <i>(See instructions)</i> |  |   |  |

### MILITARY SERVICE DATA

|                                     |                                 |                                     |   |  |  |
|-------------------------------------|---------------------------------|-------------------------------------|---|--|--|
| *14. BRANCH OF SERVICE<br>Air Force | 15. DATE OF ENTRY<br>01/01/1956 | 16. DATE OF DISCHARGE<br>01/01/1976 | 17. DISCHARGE - CHARACTER OF SERVICE <i>(See instructions)</i><br>Honorable | 18. HIGHEST RANK ATTAINED <i>(No pay grades)</i><br>CMST | 19. STATE <i>(Abbrev.) (National Guard Service Only)</i> |
|-------------------------------------|---------------------------------|-------------------------------------|---|--|--|

|  |  |   |  |
|--|--|---|--|
| 20. IS THERE ANYONE CURRENTLY BURIED IN A VA NATIONAL CEMETERY UNDER THIS VETERAN'S/SERVICEMEMBER'S ELIGIBILITY?<br><input type="checkbox"/> YES <i>(Complete Item 21)</i> <input type="checkbox"/> NO <i>(Skip Item 21)</i> <input type="checkbox"/> DON'T KNOW <i>(Skip Item 21)</i> |  | 21. NAME OF DECEDENT(S) AND VA NATIONAL CEMETERY WHERE BURIED |  |
|--|--|---|--|

22. SUPPORTING DOCUMENTS ATTACHED  YES  NO *(See instructions for information on recommended documentation.)*

### SECTION II - CLAIMANT INFORMATION

*(Information about the individual for whom determination for eligibility for burial in a VA National Cemetery is requested)*

|  |  |  |  |
|--|--|--|--|
| *23. CLAIMANT <i>(See instructions) (***)Each Claimant requires a separate VA Form 40-10007)</i><br><br>Airforce, Joe, Sam<br><i>(Name) Last First Middle</i>  |  | *24. CLAIMANT'S MAILING ADDRESS <i>(Street, City, State, and Zip Code, P.O. Box, Rural Route, etc.) (If different from item 3)</i> |  |
| <b>WHO IS (check one):</b><br><input checked="" type="checkbox"/> A. THE VETERAN/SERVICEMEMBER NAMED IN ITEM 1<br><input type="checkbox"/> B. THE SPOUSE/SURVIVING SPOUSE OF THE VETERAN/SERVICEMEMBER IN ITEM 1<br><input type="checkbox"/> C. AN UNMARRIED ADULT CHILD OF THE VETERAN/SERVICEMEMBER IN ITEM 1<br><input type="checkbox"/> D. OTHER <i>(Please specify)</i> |  | 25. CLAIMANT'S TELEPHONE NUMBER <i>(Include Area Code)</i><br>123-456-7890   |  |
|  |  | *26. CLAIMANT'S SOCIAL SECURITY NUMBER <i>(If different from item 4)</i><br>123-45-6789  |  |
|  |  | *27. CLAIMANT'S DATE OF BIRTH <i>(MM/DD/YYYY) (If different from item 8)</i>   |  |
|  |  | *28. CLAIMANT'S MAIDEN NAME <i>(If applicable)</i>   |  |
| 29. DESIRED VA NATIONAL CEMETERY <i>(Optional - See instructions)</i>  |  | 30. EMAIL ADDRESS <i>(Optional - See instructions)</i>   |  |

### SECTION III - CERTIFICATION AND SIGNATURE

**CERTIFICATION:** By signing below, I certify that I am the Claimant identified in item 23, or an individual signing for the Claimant identified in Item 34. All of the information entered on this form about the Claimant is true and correct to the best of my knowledge. A fraudulent statement that leads to burial in a national cemetery or receiving other benefits from the VA could result in disinterment from that national cemetery and other penalties in accordance with the law. I acknowledge that otherwise eligible individuals may be barred from burial for committing certain serious crimes, as provided under 38 U.S.C. § 2411. VA will therefore validate a previous determination of eligibility at the time of need to check for those bars in addition to law changes or Claimant status changes that may affect eligibility of the Claimant.

|  |                         |  |  |
|--|-------------------------|--|--|
| *31. YOUR SIGNATURE<br><br>/s/   | *32. DATE<br>06/23/2017 | *33. YOUR RELATIONSHIP TO THE CLAIMANT IN ITEM 23 <i>(Check one; See instructions)</i><br><input checked="" type="checkbox"/> A. SELF <i>(Stop here. Leave Items 34-37 blank)</i><br><input type="checkbox"/> B. INDIVIDUAL SIGNING FOR THE CLAIMANT who is under 18 years of age, is mentally incompetent, or is physically unable to sign the pre-need application <i>(Complete items 34 through 37)</i> |  |
| *34. NAME OF INDIVIDUAL FROM ITEM 33B COMPLETING FOR THE CLAIMANT<br><i>(Last, First, Middle Name)</i><br><br>Airforce, Joe, Sam |                         | *35. MAILING ADDRESS OF INDIVIDUAL COMPLETING THIS FORM FOR THE CLAIMANT <i>(Street, City, State, and Zip Code, P.O. Box, Rural Route, etc.)</i><br>123 4th Avenue<br>Your Town, MN 11111  |  |
| *36. TELEPHONE NUMBER <i>(Include Area Code)</i><br>123-456-7890   |                         | 37. EMAIL ADDRESS <i>(Optional)</i>  |  |

VA FORM 40-10007  
MAY 2017



**INSTRUCTIONS FOR COMPLETING VA FORM 40-10007 APPLICATION FOR PRE-NEED DETERMINATION OF ELIGIBILITY FOR BURIAL IN A VA NATIONAL CEMETERY**

For more complete information on eligibility requirements for burial in a VA national cemetery, visit the National Cemetery Administration online at [http://www.cem.va.gov/cem/burial\\_benefits/eligible.asp](http://www.cem.va.gov/cem/burial_benefits/eligible.asp) or call the National Cemetery Scheduling Office at 1-800-535-1117. For the purposes of this form, the term burial includes inurnment (above ground remains placement in a columbarium) and scattering of ashes, (if the cemetery chosen offers those options). **A Pre-Need determination of eligibility does not guarantee burial in a specific VA national cemetery. Burial in a specific VA national cemetery will be scheduled at the Time of Need.** In order to assist in completing this form, specific instructions and explanations for certain items are given below.

**SECTION I: VETERAN/SERVICEMEMBER**

Eligibility for burial in a VA national cemetery is based on the qualifying service of a Veteran/Servicemember. This section of the form is used to determine if qualifying service exists. Not all items are mandatory, however, answers to questions will aid VA in searching for records in archives to support the claim.

|                |   |
|----------------|---|
| <b>Item 13</b> | <b>Military status used to apply for eligibility determination:</b> For VA benefit purposes, a Veteran is a person who served in the active military, naval, or air service, and who was discharged under conditions other than dishonorable. VA will determine on a case-by-case basis whether certain Reserve duty qualifies. If eligibility derives from a status not listed, or if the individual is not certain of the status, check "Other" and submit evidence of service and VA will provide appropriate assistance. Servicemembers who die on active duty are eligible for burial. If you are arranging burial for an active duty Servicemember or his or her dependents, you should contact a local funeral home or the National Cemetery Scheduling Office at 1-800-535-1117 to expedite processing. |
| <b>Item 17</b> | <b>Discharge - Character of Service:</b> Please indicate one type of "Discharge - Character of Service": Honorable; General; Entry Level Separation/Uncharacterized; Other Than Honorable; Bad Conduct; or Dishonorable. If uncertain of the type of discharge or character of service, indicate "Other" and include available supporting documents.  |
| <b>Item 22</b> | <b>Supporting military service documents:</b> VA recommends that you attach photocopies of readily available supporting documents so that we can make the determination quickly. Documents may include the most recent discharge document (DD Form 214) showing the highest rank and valor awards and decorations, active duty service records other than for training purposes, or active duty for a minimum of 24 continuous months for enlisted Servicemembers after September 7, 1980; for officers, after October 16, 1981, or the full period for which the person was called to active duty. If you are unable to locate copies of military records, apply anyway, as VA will attempt to obtain records necessary to make a determination.   |

**SECTION II: CLAIMANT INFORMATION**

|                        |   |
|------------------------|---|
| <b>Item 23</b>         | <b>Each Claimant requires a separate VA Form 40-10007.</b><br><br>23b. Spouse means a person who is or was legally married to a Veteran. Surviving Spouse mean a person who was legally married to a Veteran at the time of the Veteran's death and includes a surviving spouse who had a subsequent remarriage. A non-Veteran spouse of a Veteran whose marriage to the Veteran was dissolved by divorce or annulment issued by an authoritative court is not eligible for burial in a VA national cemetery.<br><br>23c. An unmarried adult child of the Veteran is an individual who became permanently physically or mentally disabled and incapable of self-support before reaching 21 years of age, <b>or</b> before reaching 23 years of age if pursuing a full-time course of instruction at an approved educational institution. If you are making a claim for an unmarried adult child, please provide supporting documentation such as recent medical documentation pertaining to the disability, date of onset of the disability, and the age of the child when diagnosed with this disability. VA recommends that you provide photocopies. <i>Note: Minor children of eligible Veterans are eligible for burial in a VA national cemetery. The minor child of an eligible Veteran is a child who is unmarried and who is under 21 years of age; or who is under 23 years of age and is pursuing a full-time course of instruction at an approved educational institution.</i><br><br>23d. Please explain your Claimant status or relationship to the Veteran/Servicemember. |
| <b>Items 29 and 30</b> | A list of VA national cemeteries is available online at <a href="http://www.cem.va.gov/cem/cems/allnational.asp">http://www.cem.va.gov/cem/cems/allnational.asp</a> <b>A favorable Pre-Need determination of eligibility does not guarantee burial in a specific national cemetery. Burial in a specific VA national cemetery will be scheduled at the time of need.</b> If you provide an email address, VA may use your email address to communicate with you about your claim and burial benefits.   |

**SECTION III: CERTIFICATION AND SIGNATURE**

|                        |  |
|------------------------|--|
| <b>Items 31 and 32</b> | <b>The pre-need application must be signed (Item 31) and dated (Item 32) for VA to process.</b>  |
| <b>Item 33</b>         | You must indicate <b>your relationship to the claimant</b> in Item 33.<br><br><b>33a. Check (A)</b> if you are the claimant<br><br><b>33b. Check (B) and complete Items 34-37</b> if you are signing for a claimant who has not attained the age of 18 years, is mentally incompetent, or is physically unable to sign the pre-need application. You may be a court-appointed representative, a person who is responsible for the care of the individual (including a spouse or other relative), or an attorney in fact or agent authorized to act on behalf of the claimant under a durable power or attorney. If the claimant is in the care of an institution, a manager or principal officer of the institution may sign the form. Please attach supporting documents or an affidavit establishing your position relative to the claimant. |

**Privacy Act Information:** VA considers the responses you submit confidential (38 U.S.C. 5701). VA may only disclose this information outside the VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 175VA41A, published in the Federal Register. VA considers the requested information relevant and necessary to determine maximum benefits under the law.

**Respondent Burden:** Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time to review instructions, search existing data sources, gather the necessary data, and complete and review the collection of information. The obligation to respond is voluntary and not required to obtain or retain benefits.



## INSTRUCTIONS FOR COMPLETING APPLICATION FOR BURIAL BENEFITS (UNDER 38 U.S.C., CHAPTER 23)

### IMPORTANT - READ THESE INSTRUCTIONS CAREFULLY

**PRIVACY ACT INFORMATION:** The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law and is required to obtain benefits. Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine your eligibility to burial benefits. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

### 1. GENERAL

#### a. ELIGIBILITY - NON-SERVICE-CONNECTED

- (1) **NON-SERVICE-CONNECTED BURIAL ALLOWANCE** - A one-time payment for a veteran who was receiving VA pension or disability compensation; would have been receiving disability compensation but for the receipt of military retired pay, or had an eligible pending claim at the time of death.
- (2) **SERVICE-CONNECTED BURIAL ALLOWANCE** - A one-time payment for a veteran who was rated totally disabled for a service-connected disability or disabilities; excluding individual unemployability, or who died of a service-connected disability.
- (3) **VA MEDICAL CENTER DEATH BURIAL ALLOWANCE** - A one-time payment for a veteran whose death was not service-connected and who died while hospitalized by VA.

b. **BURIAL ALLOWANCE** - A one-time benefit payment payable toward the expenses of the funeral and burial of the veteran's remains. Burial includes all legal methods of disposing of the veteran's remains including, but not limited to, cremation, burial at sea, and medical school donation.

c. **PLOT OR INTERMENT ALLOWANCE** - A one-time benefit payment payable toward:

- (1) Expenses incurred for the plot or interment if burial was not in a national cemetery or other cemetery under the jurisdiction of the United States; OR
- (2) Expenses payable to a State (or political subdivision of a State) if the veteran died from non-service-connected causes and was buried in a State-owned cemetery or section used solely for the remains of persons eligible for burial in a national cemetery.

"Plot" means the final disposition site of the remains, whether it is a grave, mausoleum vault, columbarium niche, or similar place.

"Interment" means the burial of casketed remains in the ground or the placement of cremated remains into a columbarium niche.

d. **TRANSPORTATION EXPENSES** - The cost of transporting the body to the place of burial may be paid in addition to the burial allowance when:

- (1) The veteran died of a service-connected disability or had a compensable service-connected disability and burial is in a national cemetery; OR
- (2) The veteran died while in a hospital, domiciliary or nursing home to which he/she had been properly admitted under authority of VA; OR
- (3) The veteran died en route while traveling under prior authorization of VA for the purpose of examination, treatment; OR
- (4) The veteran's remains are unclaimed and burial is in a national cemetery.

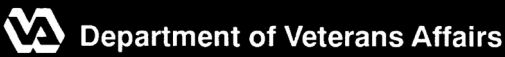
2. WHO SHOULD FILE A CLAIM - VA may grant a claim that any eligible person files. Upon death of the veteran, VA will pay the first living person to file a claim of those listed below:

- (1) The veteran's surviving spouse; OR
- (2) The survivor of a legal union\* between the deceased veteran and the survivor; OR
- (3) The veteran's children, regardless of age; OR
- (4) The veteran's parents or the surviving parent; OR
- (5) The executor or administrator of the deceased veteran's estate, or person acting for the deceased veteran's estate.

\*For purposes of this application, legal union means a formal relationship between the veteran and the survivor that existed on the date of the veteran's death, was recognized under the law of the State in which the couple formalized the relationship, and was evidenced by the State's issuance of documentation memorializing the relationship.

If the veterans remains are unclaimed, VA will pay the person or entity that provided burial services for the remains of an unclaimed veteran.

3. TIME LIMIT FOR FILING A CLAIM - A claim for non-service-connected burial allowance must be filed with VA within 2 years after the date of the veteran's permanent burial or cremation. If a veteran's discharge was corrected after death to "Under Conditions Other Than Dishonorable," the claim must be filed within 2 years after the date of correction. There is no time limit for the service-connected burial allowance, plot or interment allowance, VA hospitalization death burial allowance, or reimbursement of transportation expenses.
4. COMPLETING CLAIM BY A FIRM OR STATE AGENCY - The claim must be executed in the full name of the firm or State agency, and show the official position or connection of the individual who signs on its behalf.
5. PROOF OF DEATH TO ACCOMPANY CLAIM - Death in a government institution does not need to be proven. In other cases, the claimant must forward a copy of the public record of death. If proof has previously been furnished VA, it need not be submitted again.
6. STATEMENT OF ACCOUNT MUST ACCOMPANY TRANSPORTATION CLAIMS - If transported by common carrier, a receipt must accompany the claim. All receipts for transportation charges should show the name of the veteran, the name of the person who paid, and the amount of the charges. The itemized statement of account should show the charges made for transportation. Failure to itemize charges may result in delay or payment of a lesser amount.
7. SERVICE RECORD - The original or certified copy of the veteran's service separation document (DD214 or equivalent) which contains information as to the length, time, and character of service will permit prompt processing.
8. TOLL-FREE TELEPHONE ASSISTANCE - You can call us toll-free within the U.S. by dialing 1-800-827-1000. If you are located in the local dialing area of a VA regional office, you can also call us by checking your local telephone directory. For the hearing impaired, our TDD number is 711.
9. WHERE DO I MAIL MY COMPLETED APPLICATION? - You should mail your application to the VA regional office located in your state. You can obtain the mailing address for VA regional offices by accessing the VA Internet web site at [www.va.gov/directory](http://www.va.gov/directory). The address is also located in the government pages of your telephone book under "United States Government, Veterans."



**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.**

(DO NOT WRITE IN THIS SPACE)  
 (VA DATE STAMP)

**NOTE:** You can *either* complete the form online or by hand. Please print information using blue or black ink, neatly, and legibly to help process the form.

**PART I - PERSONAL INFORMATION**

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN'S NAME

J O E A V E T E R A N

2. VETERAN'S SOCIAL SECURITY NUMBER

9 9 9 - 9 9 - 9 9 9 9

3. VA FILE NUMBER

C/CSS - 9 9 9 9 9 9 9 9 9 9

**CLAIMANT'S PERSONAL INFORMATION**

4. CLAIMANT'S NAME (First, middle initial, last)

S A L L Y V E T E R A N

5. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street 9 9 9 A N Y W H E R E S T

Apt./Unit Number City A N Y W H E R E

State/Province CA Country US ZIP Code/Postal Code 9 9 9 9 9 -

6. PREFERRED TELEPHONE NUMBER (Include Area Code)

9 9 9 - 9 9 9 - 9 9 9 9

7. PREFERRED E-MAIL ADDRESS

SALLY\_V@EMAIL.COM

8. RELATIONSHIP OF CLAIMANT TO DECEASED VETERAN (Check one)

- SPOUSE
- EXECUTOR/ADMINISTRATOR OF ESTATE OR PERSON ACTING FOR THE ESTATE
- CHILD
- OTHER (Specify)
- PARENT

**PART II - INFORMATION REGARDING VETERAN**

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| 9A. DATE OF BIRTH<br>01/10/2016   | 9B. PLACE OF BIRTH<br>ANYWHERE, CA  |
| 10A. DATE OF DEATH                | 10B. PLACE OF DEATH<br>ANYWHERE, CA |
| 10C. DATE OF BURIAL<br>01/15/2016 |                                     |

**SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)**

| 11A. ENTERED SERVICE |              | 11B. SERVICE NUMBER | 11C. SEPARATED FROM SERVICE |              | 11D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE |
|----------------------|--------------|---------------------|-----------------------------|--------------|--|
| DATE                 | PLACE        |                     | DATE                        | PLACE        |  |
| 09/09/1920           | ANYWHERE, CA | 9999999             | 12/01/1945                  | ANYWHERE, CA | US ARMY, CAPTAIN (03)  |
|                      |              |                     |                             |              |  |

12. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

**PART III - CLAIM FOR BURIAL ALLOWANCE**

|   |  |
|---|--|
| <p>13A. TYPE OF BURIAL ALLOWANCE REQUESTED <i>(Check one)</i></p> <p><input checked="" type="checkbox"/> NON-SERVICE-CONNECTED DEATH</p> <p><input type="checkbox"/> SERVICE-CONNECTED DEATH</p> <p><input type="checkbox"/> VA MEDICAL CENTER DEATH <i>(See instructions for definition.)</i><br/> <i>(If VA Medical Center Death is checked, provide actual burial cost.)</i><br/>                 \$ _____</p> | <p>13B. WHERE DID THE VETERAN'S DEATH OCCUR? <i>(Check one)</i></p> <p><input type="checkbox"/> VA MEDICAL CENTER      <input type="checkbox"/> NURSING HOME UNDER VA CONTRACT</p> <p><input type="checkbox"/> STATE VETERANS HOME      <input checked="" type="checkbox"/> OTHER <i>(Specify)</i></p> |
| <p>14. IF YOU ARE THE DECEASED VETERAN'S SPOUSE, DID YOU PREVIOUSLY RECEIVE A VA BURIAL ALLOWANCE?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>   |  |
| <p>15A. DID YOU INCUR EXPENSES FOR THE VETERAN'S BURIAL?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>   |  |
| <p>15B. ARE YOU SEEKING BURIAL BENEFITS FOR THE UNCLAIMED REMAINS OF A VETERAN?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>  |  |

**PART IV - CLAIM FOR PLOT OR INTERMENT ALLOWANCE**

|  |   |
|--|---|
| <p>16. PLACE OF BURIAL OR LOCATION OF DECEASED VETERAN'S REMAINS<br/> <i>(Specify)</i><br/>                 ANYWHERE CA CEMETERY</p>   |   |
| <p>17A. DID YOU INCUR EXPENSES FOR THE VETERAN'S PLOT OR INTERMENT?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>  | <p>17B. WAS VETERAN BURIED IN A NATIONAL CEMETERY, OR ONE OWNED BY THE FEDERAL GOVERNMENT?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> |
| <p>17C. WAS THE VETERAN BURIED IN A STATE VETERANS CEMETERY?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>  |   |
| <p>18A. DID A FEDERAL/STATE GOVERNMENT OR THE VETERAN'S EMPLOYER CONTRIBUTE TO THE BURIAL?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," complete Item 18B)</i></p> | <p>18B. AMOUNT OF GOVERNMENT OR EMPLOYER CONTRIBUTION</p> <p>\$ 0.00</p>  |

**PART V - CLAIM FOR TRANSPORTATION REIMBURSEMENT**

|   |
|---|
| <p>19. EXPENSES INCURRED FOR THE TRANSPORTATION OF THE VETERAN'S REMAINS FROM THE PLACE OF DEATH TO THE FINAL RESTING PLACE<br/> <i>(Attach itemized receipts)</i><br/>                 \$ 350.00</p> |
|---|

**PART VI - 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.

|  |   |
|--|---|
| <p>20A. SIGNATURE OF CLAIMANT <i>(Sign in ink) (If signed using an "X", complete Items 22A thru 23B) (If signing for firm, corporation, or State agency, complete Items 20B thru 21)</i></p> | <p>20B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY <i>(Please sign in ink.)</i></p> |
| <p>21. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT</p>  |   |

**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.

|  |                                |
|--|--------------------------------|
| <p>22A. SIGNATURE OF WITNESS <i>(Sign in ink.)</i></p> | <p>22B. ADDRESS OF WITNESS</p> |
| <p>23A. SIGNATURE OF WITNESS <i>(Sign in ink.)</i></p> | <p>23B. ADDRESS OF WITNESS</p> |

**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/bene\\_burial.asp](http://www.cem.va.gov/bene_burial.asp). To obtain VA Form 40-1330, Application for Standard Government Headstone or Marker go to [www.va.gov/vaforms](http://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](http://www.va.gov/directory).



**NOTICE TO SURVIVOR OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM FOR  
DEPENDENCY AND INDEMNITY COMPENSATION, DEATH PENSION, AND/OR  
ACCRUED BENEFITS**

(This notice is applicable to survivors claims for: Death Pension • Dependency Indemnity Compensation (DIC) • DIC under 38 U.S.C. 1151 • Increased Survivor Benefits Based on Need for Aid and Attendance or Being Housebound • Accrued Benefits • Benefits Based on a Veteran's Seriously Disabled Child)

Use this notice and the attached application to submit a claim for DIC, Death Pension, and/or Accrued Benefits. This notice informs you of the evidence necessary to substantiate your claim.

**Want your claim processed faster?** The Fully Developed Claim (FDC) Program is the fastest way to get your claim processed, and there is no risk to participate! To participate in the FDC Program if you are making a claim for DIC, Death Pension, and/or Accrued Benefits, simply submit your claim in accordance with the "FDC Criteria" shown below. If you are making a claim for veterans disability compensation or related compensation benefits, use VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*. If you are making a claim for veterans non service-connected pension benefits, use VA Form 21-527EZ, *Application for Pension*. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms).

| FDC Criteria (Claim(s) for DIC, Death Pension, and/or Accrued Benefits) |  |
|---|--|
| 1.  | Submit your claim on a <u>signed and completed</u> VA Form 21-534EZ, <i>Application for DIC, Death Pension, and/or Accrued Benefits</i> (Attached).  |
| 2.  | <p>Submit simultaneously with your claim:</p> <p>A copy of the veteran's Death Certificate (unless he or she died on active duty); <b>AND</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>If claiming death pension:</b></p> <ul style="list-style-type: none"> <li>All necessary income and net-worth information</li> <li><b>If claiming death pension with increased survivor benefits</b>, a completed VA Form 21-2680, <i>Examination for Housebound Status or Permanent Need for Regular Aid and Attendance</i>, and a completed VA Form 21-0779, <i>Request for Nursing Home Information in Connection with Claim for Aid and Attendance</i></li> </ul> </div> <div style="border: 1px solid black; padding: 5px;"> <p><b>If claiming DIC:</b></p> <ul style="list-style-type: none"> <li>All, if any, relevant, private medical treatment records and an identification of any relevant treatment records available at a Federal facility, such as a VA medical center, that support your claim</li> <li>Any and all Service Treatment and Personnel Records in the custody of the veteran's Guard or Reserve Unit(s)</li> <li><b>If claiming DIC as the parent of the veteran</b>, all necessary income and net-worth information and, if claiming benefits as the foster parent of the veteran, a completed VA Form 21-524, <i>Statement of Person Claiming to Have Stood in Relation of Parent</i></li> <li><b>If claiming DIC with increased survivor benefits</b>, a completed VA Form 21-2680, <i>Examination for Housebound Status or Permanent Need for Regular Aid and Attendance</i>, and a completed VA Form 21-0779, <i>Request for Nursing Home Information in Connection with Claim for Aid and Attendance</i></li> </ul> </div> <div style="border: 1px solid black; padding: 5px;"> <p><b>Requirements for Certain Claimants:</b></p> <p>Under the circumstances shown below, you must also submit simultaneously with your claim:</p> <ul style="list-style-type: none"> <li><b>If claiming benefits as the surviving spouse of the veteran</b>, a copy of your marriage certificate showing your marriage to the veteran, or <b>if claiming benefits for a child or biological/adoptive parent of the veteran</b>, a copy of the birth certificate or court record of adoption showing relation to the veteran</li> <li><b>If claiming benefits for a child of the veteran between the ages of 18 and 23</b>, a completed VA Form 21-674, <i>Request for Approval of School Attendance</i></li> <li><b>If claiming benefits for a seriously disabled (helpless) child of the veteran</b>, all, if any, relevant, private medical treatment records for the child's pertinent disabilities</li> </ul> </div> |
| 3.  | Report for any VA medical examinations VA determines are necessary to decide your claim.   |

**The Fully Developed Claim (FDC) Program is the fastest way to get your claim processed, and there is no risk to participate!** Participation in the FDC Program is optional and will not affect the quality of care you receive or the benefits to which you are entitled. If you file a claim in the FDC Program and it is determined that other records exist and VA needs the records to decide your claim, then VA will simply remove the claim from the FDC Program (Optional Expedited Process) and process it in the Standard Claim Process. See below for more information. If you wish to file your claim in the FDC Program, see FDC Program (Optional Expedited Process). If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process.

**WHAT YOU NEED TO DO**

You must submit all relevant evidence in your possession and provide VA information sufficient to enable it to obtain all relevant evidence not in your possession. If your claim involves a disability the veteran had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before the veteran's entry into service.

| FDC Program (Optional Expedited Process)  | Standard Claim Process  |
|---|---|
| <p>You must:</p> <ul style="list-style-type: none"> <li>• Submit your claim in accordance with the "FDC Criteria" (see page 1)</li> </ul> | <p>You must:</p> <ul style="list-style-type: none"> <li>• If you know of evidence not in your possession and want VA to try to get it for you, give VA enough information about the evidence so that we can request it from the person or agency that has it</li> </ul> <p>If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. <b><i>It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</i></b></p> |

**HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM**

| FDC Program (Optional Expedited Process)  | Standard Claim Process   |
|---|--|
| <p>VA will:</p> <ul style="list-style-type: none"> <li>• Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorize VA to obtain</li> </ul> | <p>VA will:</p> <ul style="list-style-type: none"> <li>• Retrieve relevant records from a Federal facility that you adequately identify and authorize VA to obtain</li> <li>• Make every reasonable effort to obtain relevant records not held by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from state or local governments and privately held evidence and information you tell us about, such as private doctor or hospital records or records from current or former employers</li> </ul> |

**WHEN YOU SHOULD SEND WHAT WE NEED**

| FDC Program (Optional Expedited Process)  | Standard Claim Process  |
|---|---|
| <p>You must:</p> <ul style="list-style-type: none"> <li>• Send the information and evidence simultaneously with your claim</li> </ul> <p>If you submit additional information or evidence after you submit your "fully developed" claim, then VA will remove the claim from the FDC Program expedited process and process it in the Standard Claim process. If we decide your claim before one year from the date we receive the claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support the claim.</p> | <p>We strongly encourage you to:</p> <ul style="list-style-type: none"> <li>• Send any information or evidence as soon as you can</li> </ul> <p>You have up to one year from the date we receive the claim to submit the information and evidence necessary to support your claim. If we decide the claim before one year from the date we receive the claim, you will still have the remainder of the one year period to submit additional information or evidence necessary to support the claim.</p> |

**WHERE TO SEND INFORMATION AND EVIDENCE**

Mail or take your application and any evidence in support of your claim to the closest VA regional office. VA regional office addresses are available on the Internet at [www.va.gov/directory](http://www.va.gov/directory).

## WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

| If you are claiming...   | See the evidence table titled...   |
|--|--|
| Needs-based benefits based on the veterans wartime service.  | Death Pension  |
| <ul style="list-style-type: none"> <li>The veteran's death was related to his or her service (DIC), <b>OR</b></li> <li>DIC benefits because the veteran was receiving or entitled to receive benefits for a service-connected disability rated totally disabling.</li> </ul> | Dependency and Indemnity Compensation (DIC)  |
| The veteran's death was a result of VA medical treatment, vocational rehabilitation, or compensated work therapy.  | DIC under 38 U.S.C. 1151   |
| DIC and it was previously denied by VA.  | Reopened DIC   |
| Increased death pension or DIC benefits because your disabilities cause you to be in need of aid and attendance or to be confined to your residence.   | Increased Survivor Benefits Based on Need for Aid and Attendance or Being Housebound |
| You are eligible to the benefits that were due to the veteran at the time of the veteran's death.  | Accrued Benefits   |
| You are eligible to the benefits because a child of the veteran is severely disabled.  | Helpless Child   |

## EVIDENCE TABLES

| <b>Death Pension</b>   |
|--|
| <p>To support your claim for <b>death pension benefits</b>, the evidence must show:</p> <ol style="list-style-type: none"> <li>The veteran met certain minimum requirements regarding active service during a period of war.<br/>Generally, those requirements involve: <ul style="list-style-type: none"> <li>90 days of consecutive service, at least one day of which was during a period of war; <b>OR</b></li> <li>90 days of combined service during at least one period of war;</li> </ul> <p><i>(Note : If the veteran's service began after September 7, 1980, additional length-of-service requirements may apply, typically requiring two years of continuous service or completion of active-duty obligations.)</i></p> <p><b>OR</b> any length of active service during a period of war when:</p> <ul style="list-style-type: none"> <li>At the time of death, the veteran was receiving (or entitled to receive) VA disability compensation or retirement pay for a service-connected disability; <b>OR</b></li> <li>The veteran was discharged from active service due to a service-connected disability.</li> </ul> </li> <li>Your net worth and income do not exceed certain requirements.</li> </ol> |

| <b>Dependency and Indemnity Compensation (DIC)</b>   |
|--|
| <p>To support a claim for <b>Dependency and Indemnity Compensation (DIC) benefits based on a service-connected disability</b> established during the veteran's lifetime, the evidence must show:</p> <ul style="list-style-type: none"> <li>The veteran died while on active service; <b>OR</b></li> <li>The veteran had a service-connected disability(ies) that was either the principal or contributory cause of the veteran's death; <b>OR</b></li> <li>The veteran died from non service-connected injury or disease <b>AND</b> was receiving, or entitled to receive VA compensation for a service-connected disability rated totally disabling: <ul style="list-style-type: none"> <li>For at least 10 years immediately before death; <b>OR</b></li> <li>For at least 5 years after the veteran's release from active duty preceding death; <b>OR</b></li> <li>For at least 1 year before death, if the veteran was a former prisoner of war who died after September 30, 1999</li> </ul> </li> </ul> <p>To support a claim for <b>DIC benefits based on a disability that was not service-connected</b> or for which the veteran did not file a claim during his or her lifetime, the evidence must show:</p> <ul style="list-style-type: none"> <li>An injury or disease that was incurred or aggravated during active service, or an event in service that caused an injury or disease; <b>AND</b></li> <li>A physical or mental disability that was either the principle or contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that were visible or observable; <b>AND</b></li> <li>A relationship between the disability associated with the cause of death and an injury, disease, or event in service. This may be shown by medical records or medical opinion or, in certain cases, by lay evidence</li> </ul> |



## EVIDENCE TABLES (Continued)

### Dependency and Indemnity Compensation (DIC) (Continued)

To support your claim for **DIC benefits based upon the service person's active duty for training**, the evidence must show:

- The service person was disabled during *active* duty for training due to a disease or injury incurred in the line of duty, and the disease or injury caused or contributed to the service person's death.

If VA granted service connection for a disease or injury during the service person's lifetime, evidence that the service-connected disease or injury caused or contributed to the service person's death may satisfy this requirement.

To support a claim for DIC benefits based on a disability that was not service-connected or for which the service person did not file a claim during his or her lifetime, the evidence must show:

- The service person was disabled during *active* duty for training due to a disease or injury incurred in the line of duty; **AND**
- A physical or mental disability that was either the principle or contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that were visible or observable; **AND**
- A relationship between the principal or contributory cause of death and the disability due to injury or disease, incurred in the line of duty. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence.

To support your claim for **DIC benefits based upon the service person's inactive duty training**, the evidence must show:

- The service person died during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident during such training; **OR**
- The service person was disabled during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; and that injury, acute myocardial infarction, cardiac arrest, or cerebrovascular accident caused or contributed to the service person's death

If VA granted service connection for an injury, acute myocardial infarction, or cerebrovascular accident during the service person's lifetime, evidence that the service-connected condition caused or contributed to the service person's death may satisfy this requirement.

To support a claim for DIC benefits based on a disability that was not service-connected or for which the service person did not file a claim during his or her lifetime, the evidence must show:

- The service person was disabled during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; **AND**
- The injury, acute myocardial infarction, cardiac arrest, or cerebrovascular accident caused or contributed to the service person's death

### DIC under 38 U.S.C. 1151:

In order to support your claim for **DIC under 38 U.S.C. 1151**, the evidence must show:

- The deceased veteran died as a result of undergoing VA hospitalization, medical or surgical treatment, examination, or training; **AND**
- The death was:
  - the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment; **OR**
  - the direct result of an event that was not a reasonably expected result or complication of the VA care or treatment; **OR**
  - the direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program

### Reopened DIC:

In order to reopen a claim previously denied by VA, we need new and material evidence. New and material evidence must raise a reasonable possibility of substantiating your claim. The evidence cannot simply be repetitive or cumulative of the evidence we had when we previously decided your claim. VA will make reasonable efforts to help you obtain currently existing evidence. However, we cannot provide a medical examination or obtain a medical opinion until your claim is successfully reopened.

- To qualify as new, the evidence must currently exist and be submitted to VA for the first time
- In order to be considered material, the additional existing evidence must pertain to the reason your claim was previously denied

## EVIDENCE TABLES (Continued)

### Dependency and Indemnity Compensation (DIC) (Continued)

In order to support your claim for **increased survivor benefits based on the need for aid and attendance**, the evidence must show:

- you have corrected vision of 5/200 or less in both eyes; **OR**
- you have concentric contraction of the visual field to 5 degrees; **OR**
- you are a patient in a nursing home due to mental or physical incapacity; **OR**
- you require the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing yourself, attending to the wants of nature, adjusting prosthetic devices, or protecting yourself from the hazards of your daily environment (38 Code of Federal Regulation 3.352(a)); **OR**
- you are bedridden, in that your disability or disabilities requires that you remain in bed apart from any prescribed course of convalescence or treatment (38 Code of Federal Regulation 3.352(a)); **OR**

In order to support your claim for **increased benefits based on being housebound**, the evidence must show:

- you are substantially confined to your immediate premises because of permanent disability

### Accrued Benefits:

To support a claim for **accrued benefits**, the evidence must show:

- Benefits were due the veteran based on existing ratings, decisions, or evidence in VA's possession at the time of death, but the benefits were not paid before the veteran's death; **AND**
- You are the surviving spouse, child, or dependent parent of the deceased veteran

VA pays accrued benefits in the following order of priority:

1. Spouse
2. Children of the veteran (in equal shares)
3. Dependent parents (in equal shares)

### Helpless Child:

To support a claim for **benefits based on a veteran's child being helpless**, the evidence must show that the child, before his or her 18th birthday, became permanently incapable of self-support due to a mental or physical disability.

### IMPORTANT

If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

### HOW VA DETERMINES THE EFFECTIVE DATE

If we grant a claim for death benefits, the beginning date of your entitlement will generally be based on when we received your claim. However, if VA received your claim within one year of the date of the veteran's death, entitlement will be from the first day of the month in which the veteran died.

The veteran's death certificate is evidence relevant to determining the effective date of any benefits we award.

Higher levels of benefits are available for a veteran's surviving spouse and/or parents who are unable to perform certain activities of daily living or leave their home. Higher levels of benefits may be effective from the date medical evidence first establishes entitlement.

For more information on the FDC Program, visit our web site at <http://benefits.va.gov/transformation/fastclaims/>. For more information on VA benefits, visit our web site at [www.va.gov](http://www.va.gov), contact us at <http://iris.va.gov>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms).



**VA DATE STAMP  
 (DO NOT WRITE IN THIS SPACE)**

**APPLICATION FOR DIC, DEATH PENSION,  
 AND/OR ACCRUED BENEFITS**

IMPORTANT: Please read the Privacy Act and Respondent Burden on page 11 before completing the form.

**SECTION I: PERSONAL INFORMATION (MUST COMPLETE)**

|   |  |   |  |   |                                     |
|---|--|---|--|---|-------------------------------------|
| 1. VETERAN'S NAME (Last, first, middle)<br><br>JOE VETERAN  |  | 2. VETERAN'S SOCIAL SECURITY NUMBER<br><br>999-99-99  |  | 3. VETERAN'S DATE OF BIRTH (MM,DD,YYYY)<br><br>09/09/1920   |                                     |
| 4. VETERAN'S SEX<br><br><input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE                        |  | 5. HAS THE VETERAN, SURVIVING SPOUSE, CHILD, OR PARENT EVER FILED A CLAIM WITH VA?<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," provide the file number in Item 6) |  |   | 6. VA FILE NUMBER<br><br>9999999999 |
| 7. DID THE VETERAN DIE WHILE ON ACTIVE DUTY?<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |   | 8. WHAT IS THE VETERAN'S DATE OF DEATH? (MM,DD,YYYY)<br><br>01/10/2016   |   |                                     |
| 9. WHAT IS YOUR NAME? (First, middle, last name)<br><br>SALLY V VETERAN   |  |   | 10. WHAT IS YOUR RELATIONSHIP TO THE VETERAN? (Check one)<br><br><input checked="" type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> CUSTODIAN FILING FOR CHILD |   |                                     |
| 11. WHAT IS YOUR SOCIAL SECURITY NUMBER?<br><br>111-11111   |  | 12. WHAT IS YOUR DATE OF BIRTH? (MM,DD,YYYY)<br><br>10/10/1924  |  | 13. ARE YOU A VETERAN?<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                     |
| 14A. WHAT IS YOUR ADDRESS?<br><br>999 ANYWHERE ST<br>Street address, rural route, or P.O. Box                           |  |   |  | 14B. YOUR TELEPHONE NUMBER(S) (include Area Code)   |                                     |
| Apt. number   |  |   |  | DAYTIME<br>( 999 ) 999-9999   |                                     |
| ANYWHERE CALIFORNIA 99999 USA<br>City State ZIP Code Country  |  |   |  | EVENING<br>( 999 ) 999-9999   |                                     |
|   |  |   |  | CELL PHONE<br>( 991 ) 999-9999  |                                     |
| 15A. YOUR PREFERRED E-MAIL ADDRESS (If applicable)<br><br>SALLY_V@EMAIL.COM   |  |   | 15B. YOUR ALTERNATE E-MAIL ADDRESS (If applicable)   |   |                                     |

16. WHAT ARE YOU CLAIMING? (Check all that apply)

DEPENDENCY AND INDEMNITY COMPENSATION (DIC)  DEATH PENSION  ACCRUED BENEFITS

**SECTION II: VETERAN'S SERVICE INFORMATION (COMPLETE ONLY IF THE VETERAN WAS NOT RECEIVING VA COMPENSATION OR PENSION BENEFITS AT THE TIME OF DEATH)**

*(Skip to Section III if the veteran was receiving VA compensation or pension benefits at the time of his or her death)*

|  |  |  |  |
|--|--|--|--|
| 17A. DID THE VETERAN SERVE UNDER ANOTHER NAME?<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Item 17B)<br><br>(If "No," skip to Item 18A)                                       |  | 17B. PLEASE LIST OTHER NAME(S) THE VETERAN SERVED UNDER:   |  |
| 18A. VETERAN ENTERED ACTIVE SERVICE ON (MM,DD,YYYY)<br><br>09/09/1920  |  | 18B. BRANCH OF SERVICE<br><br>ARMY   | 18C. RELEASE DATE FROM ACTIVE SERVICE (MM,DD,YYYY)<br><br>12/01/1945 |
| 18D. DID THE VETERAN SERVE IN A COMBAT ZONE SINCE 9-11-2001?<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | 18E. PLACE OF LAST SEPARATION<br><br>ANYWHERE, CALIFORNIA  |  |
| 19A. WAS THE VETERAN ACTIVATED TO FEDERAL ACTIVE DUTY UNDER AUTHORITY OF TITLE 10, U.S.C. (National Guard)?<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," answer Items 19B, 19C and 19D) |  | 19B. DATE OF ACTIVATION (MM,DD,YYYY)   |  |
| 19C. WHAT IS THE NAME AND ADDRESS OF THE VETERAN'S RESERVE/NATIONAL GUARD UNIT?  |  | 19D. WHAT IS THE TELEPHONE NUMBER OF THE RESERVE/NATIONAL GUARD UNIT? (Include Area Code)<br><br>( ) |  |
| 20A. WAS THE VETERAN EVER A PRISONER OF WAR?<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Item 20B) (If "No," skip to Section III)   |  | 20B. DATES OF CONFINEMENT<br>FROM: TO:   |  |

**SECTION III- MARITAL INFORMATION (COMPLETE ONLY IF CLAIMING BENEFITS AS THE SURVIVING SPOUSE OF THE VETERAN)**

*(Skip to Section IV if you are NOT claiming benefits as the surviving spouse of the veteran)*

**TELL US ABOUT THE VETERAN'S MARRIAGES**

21A. HOW MANY TIMES WAS THE VETERAN MARRIED (including marriage to you)?

|   |   |   |   |  |
|---|---|---|---|--|
| 21B. DATE (month, day, year) and PLACE OF MARRIAGE (city, state or country) | 21C. TO WHOM MARRIED (first, middle, last name) | 21D. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other) | 21E. HOW MARRIAGE TERMINATED (death, divorce) | 21F. DATE (month, day, year) and PLACE MARRIAGE TERMINATED (city/state or country) |
| 09/09/1940 ANY, CAL   | SALLY V JONES                                   | CEREMONIAL  | DEATH OF VET                                  | 01/10/16 ANY CAL   |

21G. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 21D, PLEASE EXPLAIN:

**TELL US ABOUT YOUR MARRIAGES**

22A. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN?

YES  NO

22B. HOW MANY TIMES HAVE YOU BEEN MARRIED? (including your marriage to the veteran)

1

|  |   |   |   |  |
|--|---|---|---|--|
| 22C. DATE (month, day, year) and PLACE OF MARRIAGE (city/state or country) | 22D. TO WHOM MARRIED (first, middle, last name) | 22E. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other) | 22F. HOW MARRIAGE TERMINATED (death, divorce, marriage has not been terminated) | 22G. DATE (month, day, year) and PLACE MARRIAGE TERMINATED (city/state or country) |
| 09/09/1940 ANY, CAL  | JOE VETERAN                                     | CEREMONIAL  | DEATH OF VET  | 01/10/16 ANY C   |

22H. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 22E, PLEASE EXPLAIN:

23. WAS A CHILD BORN TO YOU AND THE VETERAN DURING YOUR MARRIAGE OR PRIOR TO YOUR MARRIAGE?

YES  NO

24. ARE YOU EXPECTING THE BIRTH OF THE VETERAN'S CHILD?

YES  NO

25. DID YOU LIVE CONTINUOUSLY WITH THE VETERAN FROM THE DATE OF MARRIAGE TO THE DATE OF HIS/HER DEATH?

YES  NO (If "No," complete Item 26)

26. WHAT WAS THE CAUSE OF SEPARATION? GIVE THE REASON, DATE(S) AND DURATION OF THE SEPARATION (IF THE SEPARATION WAS BY COURT ORDER, ATTACH A COPY OF THE ORDER)

27. AT THE TIME OF YOUR MARRIAGE TO THE VETERAN, WERE YOU AWARE OF ANY REASON THE MARRIAGE MIGHT NOT BE LEGALLY VALID?

YES  NO (If "Yes," provide explanation):

**SECTION IV: DEPENDENT CHILDREN (COMPLETE ONLY IF CLAIMING BENEFITS FOR A CHILD(REN) OF THE VETERAN)**

*(Skip to Section V if you are NOT claiming benefits for a child(ren) of the veteran)*

| 28A. NAME OF CHILD (First, middle initial, last name) | 28B. DATE (month, day, year) and PLACE OF BIRTH (city/state or country) | 28C. SOCIAL SECURITY NUMBER | (Check all that apply)   |                          |                          |                                  |                          |                          |                               |
|---|---|-----------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|-------------------------------|
|   |   |                             | 28D. BIOLOGICAL          | 28E. ADOPTED             | 28F. STEPCHILD           | 28G. 18-23 YEARS OLD (in school) | 28H. SERIOUSLY DISABLED  | 28I. CHILD MARRIED       | 28J. CHILD PREVIOUSLY MARRIED |
|   |   |                             | <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"/> | <input type="checkbox"/>      |
|   |   |                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      |

If claiming benefits as the surviving spouse or custodian filing for a child, in items 29A through 29D tell us about the children listed in Item 28A who **do not** live with you.

|   |   |  |   |
|---|---|--|---|
| 29A. NAME OF CHILD (First, middle initial, last name) | 29B. CHILD'S COMPLETE ADDRESS (Number and street or rural route, city or P.O., city, State, ZIP Code and country) | 29C. NAME OF PERSON THE CHILD LIVES WITH (if applicable) | 29D. MONTHLY AMOUNT YOU CONTRIBUTE TO THE CHILD'S SUPPORT |
|   |   |  | \$  |
|   |   |  | \$  |
|   |   |  | \$  |

**SECTION V: VETERAN'S PARENT (COMPLETE ONLY IF CLAIMING BENEFITS AS THE PARENT OF VETERAN)**

*(Skip to Section VI if you are NOT claiming benefits as the parent of a veteran)*

30A. WHAT IS YOUR MARITAL STATUS? (Check one)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> MARRIED AND LIVE WITH OTHER PARENT OF VETERAN | <input type="checkbox"/> MARRIED AND LIVE WITH SPOUSE WHO IS NOT THE OTHER PARENT OF THE VETERAN | <input type="checkbox"/> SEPARATED, MARRIED BUT NOT LIVING WITH SPOUSE |
| <input type="checkbox"/> DIVORCED                                      | <input type="checkbox"/> WIDOWED   | <input type="checkbox"/> NEVER MARRIED                                 |

30B. IF YOUR MARRIAGE HAS ENDED, PLEASE SPECIFY THE DATE (month, day, year) AND HOW MARRIAGE ENDED (death, divorce)

30C. IF YOU ARE SEPARATED, WHAT WAS THE CAUSE OF THE SEPARATION? GIVE THE REASON, DATE(S) AND DURATION OF THE SEPARATION **(IF THE SEPARATION WAS BY COURT ORDER, ATTACH A COPY OF THE ORDER)**

31A. WHAT IS YOUR SPOUSE'S NAME? (First, middle initial, last name)  
(Skip to Item 32A if never married or no longer married)

31B. WHAT IS YOUR SPOUSE'S DATE OF BIRTH? (MM,DD,YYYY)

31C. WHAT IS YOUR SPOUSE'S SOCIAL SECURITY NUMBER?

31D. IS YOUR SPOUSE ALSO A VETERAN?  
 YES  NO (If "Yes," complete Item 31E)

31E. WHAT IS YOUR SPOUSE'S VA FILE NUMBER? (If applicable)

32A. WAS THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED THE AGE OF MAJORITY (AGE 18 IN MOST STATES)?

- YES  NO (If "Yes," skip to Item 34)

32B. DATE(S) OF PARENTAL CONTROL (If veteran did not live in your household continuously before age 18 provide the time period (dates) when he/she was under your parental control)

(MM DD YYYY) to (MM DD YYYY) (MM DD YYYY) to (MM DD YYYY)

32C. WHY WASN'T THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED THE AGE OF MAJORITY? (Explain fully)

33. NAME AND ADDRESS OF EACH PERSON WHO ASSUMED PARENTAL CONTROL OVER THE VETERAN OUTSIDE THE DATE(S) SHOWN IN ITEM 32B

A. NAME (FIRST, MIDDLE, LAST)

B. ADDRESS

Street address, rural route, or P.O. Box Apt. number

City State ZIP Code Country

Street address, rural route, or P.O. Box Apt. number

City State ZIP Code Country

34. IF YOU ARE NOT THE BIOLOGICAL PARENT OF THE VETERAN, PROVIDE THE NAMES OF THE BIOLOGICAL PARENTS, IF DECEASED, PROVIDE THE DATE OF DEATH.

A. NAME (FIRST, MIDDLE, LAST)

B. DATE OF DEATH (MM,DD,YYYY)

**SECTION VI: DIC (COMPLETE ONLY IF CLAIMING DEPENDENCY AND INDEMNITY COMPENSATION (DIC))**

*(Skip to Section VII if you are NOT claiming DIC)*

35. WHAT BENEFIT ARE YOU CLAIMING?

- DIC  DIC under 38 U.S.C. 1151 (RARE)

36. LIST ANY VA MEDICAL CENTERS WHERE THE VETERAN RECEIVED TREATMENT PERTAINING TO YOUR CLAIM AND PROVIDE TREATMENT DATES:

A. NAME AND LOCATION OF VA MEDICAL CENTER

B. DATE(S) OF TREATMENT

**SECTION VII: NET WORTH (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)**

*(Skip to Section XI if you are NOT claiming death pension benefits or parents DIC)*

**37. NET WORTH** (DO NOT LEAVE ANY ITEMS BLANK. If your household has no net worth in a particular source, write "0" or "none")

Report total net worth for your household. Identify the **specific** owner for each net worth source, yourself or another person in your household, as applicable. If you are the custodian filing for a child of the veteran, you must report your net worth and the child's net worth, if any.

| SOURCE                                  | AMOUNT    | OWNER  | SOURCE   | AMOUNT | OWNER  |
|---|-----------|--------|--|--------|--------|
| CASH/NON-INTEREST BEARING BANK ACCOUNTS | \$ 3,000  | SPOUSE | REAL PROPERTY<br><i>(Not your home, vehicle, furniture, or clothing)</i> | \$ 0   | SPOUSE |
| INTEREST-BEARING BANK ACCOUNTS          | \$ 3,000  |        | OTHER PROPERTY<br><i>(Provide source)</i>                                | \$ 0   |        |
| IRA'S, KEOGH PLANS, ETC.                | \$ 3,000  |        | OTHER PROPERTY<br><i>(Provide source)</i>                                | \$ 0   |        |
| STOCKS, BONDS, MUTUAL FUNDS, ETC.       | \$ 15,000 |        | OTHER <i>(Provide source)</i>  | \$ 0   |        |

**SECTION VIII: GROSS MONTHLY INCOME (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)**

*(Skip to Section XI if you are NOT claiming death pension benefits or parents DIC)*

**38. GROSS MONTHLY INCOME** (DO NOT LEAVE ANY ITEMS BLANK. If no income was received from a particular source, write "0" or "none")

Report total monthly income for your household. Identify the **specific** income recipient for each income source, yourself or another person in your household, as applicable. If you are the custodian filing for a child of the veteran, you must report your income and the child's income, if any.

| SOURCE                   | AMOUNT      | RECIPIENT | SOURCE  | AMOUNT | RECIPIENT |
|--------------------------|-------------|-----------|---|--------|-----------|
| SOCIAL SECURITY          | \$ 1,240.90 | SPOUSE    | SERVICE RETIREMENT/<br>SURVIVOR BENEFIT PLAN<br>(SBP) ANNUITY | \$ 0   | SPOUSE    |
| SOCIAL SECURITY          | \$ 0        |           | SUPPLEMENTAL SECURITY<br>INCOME (SSI)/PUBLIC<br>ASSISTANCE    | \$ 0   |           |
| U.S. CIVIL SERVICE       | \$ 346.00   |           | OTHER <i>(Provide source)</i>                                 | \$ 0   |           |
| U.S. RAILROAD RETIREMENT | \$ 0        |           | OTHER <i>(Provide source)</i>                                 | \$ 0   |           |
| BLACK LUNG BENEFITS      | \$ 0        |           | OTHER <i>(Provide source)</i>                                 | \$ 0   |           |

**SECTION IX: EXPECTED INCOME (COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)**

*(Skip to Section XI if you are NOT claiming death pension benefits or parents DIC)*

**39. EXPECTED INCOME - NEXT 12 MONTHS** (DO NOT LEAVE ANY ITEMS BLANK. If no income was received from a particular source, write "0" or "none")

Report expected total household income for the 12 month period following the veteran's death. If the claim is filed more than one year after the veteran died, report the expected total household income for the 12 month period from the date you sign this application. Identify the **specific** income recipient for each income source, yourself or another person in your household, as applicable. If you are the custodian filing for a child of the veteran, you must report **your expected income** and the **child's expected income**, if any.

| SOURCE                       | AMOUNT  | RECIPIENT | SOURCE   | AMOUNT | RECIPIENT |
|------------------------------|---------|-----------|--|--------|-----------|
| GROSS WAGES AND SALARY       | \$ 0    | SPOUSE    | OTHER INCOME EXPECTED<br><i>(Provide source)</i> | \$ 0   | SPOUSE    |
| GROSS WAGES AND SALARY       | \$ 0    |           | OTHER INCOME EXPECTED<br><i>(Provide source)</i> | \$ 0   |           |
| TOTAL DIVIDENDS AND INTEREST | \$ 3.22 |           | OTHER INCOME EXPECTED<br><i>(Provide source)</i> | \$ 0   |           |

**SECTION X: MEDICAL, LAST ILLNESS, BURIAL, OR OTHER UNREIMBURSED EXPENSES**

**(COMPLETE ONLY IF CLAIMING DEATH PENSION OR PARENTS DIC)**

*(Skip to Section XI if you are NOT claiming death pension or parents DIC)*

**40. MEDICAL, LAST ILLNESS, BURIAL, OR OTHER UNREIMBURSED EXPENSES**

Family medical expenses and certain other expenses actually paid by you may be deductible from your income. Show the amount of any continuing family medical expenses such as the monthly Medicare deduction or nursing home costs you pay. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid. Last illness and burial expenses are unreimbursed amounts paid by you for the veteran's or his/her child's last illness and burial and the veteran's just debts. Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials. Do not include any expenses for which you were reimbursed. If you receive reimbursement after you have filed this claim, promptly advise the VA office handling your claim.

| AMOUNT PAID BY YOU | DATE PAID<br>(mm/dd/yyyy) | PURPOSE<br>(Medicare deduction, nursing home costs,<br>burial expenses, etc.) | PAID TO (Name of nursing home,<br>hospital, funeral home, etc.) | RELATIONSHIP OF PERSON<br>FOR WHOM EXPENSES PAID<br>(Spouse, child, etc.) |
|--------------------|---------------------------|---|---|---|
| \$ 104.90          | 01/01/2015                | MEDICARE PART B   | NA  | SPOUSE  |
| \$ 3,500           | 01/01/2015                | ASSISTED LIVING   | GREAT CARE  | SPOUSE  |
| \$ 33.25           | 01/01/2015                | PRIVATE MEDICAL INS   | GOOD INSURANCE  | SPOUSE  |
| \$ 22.55           | 01/01/2015                | PRESCRIPTION DRUGS  |   | SPOUSE  |
| \$                 |                           |   |   |   |

**SECTION XI: DIRECT DEPOSIT INFORMATION (MUST COMPLETE)**

The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 41, 42, and 43 to enroll in direct deposit. If you **do not** have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at [www.usdirectexpress.com](http://www.usdirectexpress.com) or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

41. ACCOUNT NUMBER (Check the appropriate box and provide the account number, or simply write "Established" if you have a direct deposit with VA.)

CHECKING       SAVINGS       I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT

Account No.: 9999999      Account No.: \_\_\_\_\_

42. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)

MY BANK

43. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)

99999999

**SECTION XII: CLAIM CERTIFICATION AND SIGNATURE (MUST COMPLETE)**

I certify and authorize the release of information. I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

I certify I have received the notice attached to this application titled *Notice to Survivor of Evidence Necessary to Substantiate a Claim for Dependency Indemnity Compensation, Death Pension, and/or Accrued Benefits*.

I certify I have enclosed all information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility, such as a VA medical center; **OR**, I have no information or evidence to give VA to support my claim; **OR**, I have checked the box in Item 44, indicating that I **do not** want my claim considered for rapid processing in the Fully Developed Claim (FDC) Program because I plan to submit further evidence in support of my claim.

44. The FDC Program is designed to rapidly process compensation or pension claims received with the evidence necessary to decide the claim. VA will *automatically* consider a claim submitted on this form for rapid processing under the FDC Program. Check the box below **ONLY if you DO NOT want your claim considered for rapid processing** under the FDC Program because you plan to submit further evidence in support of your claim.

I **DO NOT** want my claim considered for rapid processing under the FDC Program because I plan to submit further evidence in support of my claim.

45A. CLAIMANT'S SIGNATURE (REQUIRED)

45B. DATE SIGNED

01/14/2016

**SECTION XIII: WITNESSES TO SIGNATURE (COMPLETE ONLY IF CLAIMANT SIGNED ITEM 45A WITH AN "X")**

46A. SIGNATURE OF WITNESS (If claimant signed above using an "X")

46B. PRINTED NAME AND ADDRESS OF WITNESS

47A. SIGNATURE OF WITNESS (If claimant signed above using an "X")

47B. PRINTED NAME AND ADDRESS OF WITNESS

**PRIVACY ACT NOTICE:** The form will be used to determine allowance to compensation and/or pension benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Your obligation to respond is required in order to obtain or retain benefits. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

**RESPONDENT BURDEN:** We need this information to determine your eligibility for pension. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**Department of Veterans Affairs APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES**

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us the veteran's SSN account information is voluntary. Refusal to provide the veteran's SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine entitlement to benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine eligibility for issuance of a burial flag to a family member or friend of a deceased veteran (38 U.S.C. 2301). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**IMPORTANT - Postmaster or other issuing official:** Submit this form to the nearest VA regional office. Be sure to complete the stub at the bottom.

**INFORMATION ABOUT THE DECEASED VETERAN (Complete as much as possible)**  
*(Information provided is considered essential when applying for other VA benefits.)*

|  |   |   |                                 |
|--|---|---|---------------------------------|
| 1. FIRST, MIDDLE, LAST NAME OF VETERAN (Print or type)<br>Joe Sam Marine   |   | 2. MAIDEN NAME OR OTHER NAME(S) VETERAN USED WHILE ON ACTIVE DUTY (Print or type) |                                 |
| 3. VA FILE NUMBER<br>01-23456  | 4. SOCIAL SECURITY NUMBER<br>123-45-67  | 5. MILITARY SERVICE NUMBER/SERIAL NUMBER<br>123456                                |                                 |
| 6. BRANCH OF SERVICE (Check box)<br><input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input checked="" type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> SELECTED SERVICE <input type="checkbox"/> OTHER (Specify)        |   |   |                                 |
| 7. DATE ENTERED ACTIVE DUTY (or Selected Reserve)<br>01/01/1944  | 8. DATE RELEASED FROM ACTIVE DUTY (or Selected Reserve)<br>01/01/1952                     | 9. DATE OF BIRTH<br>01/01/1922  | 10. DATE OF DEATH<br>01/01/2000 |
| 11. DATE OF BURIAL<br>01/01/2000   | 12. PLACE OF BURIAL (Name of cemetery, city, and State)<br>Local Cemetery, Local Town, MN |   |                                 |
| 13. HAS DOCUMENTATION BEEN PRESENTED OR ATTACHED THAT SHOWS THE VETERAN MEETS THE ELIGIBILITY CRITERIA? (See Paragraphs C, D, and E of the "Instructions")<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "No," explain in Item 15, "Remarks" (See paragraph E of the "Instructions")) |   |   |                                 |

**INFORMATION ABOUT THE FLAG RECIPIENT AND APPLICANT**

|  |   |
|--|---|
| 14A. NAME OF PERSON ENTITLED TO RECEIVE FLAG<br>Jessie A Daughter  | 14B. RELATIONSHIP OF DECEASED VETERAN (See Paragraph F of the "Instructions")<br>Daughter |
| 14C. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG (Number and street or rural route, city or P.O., State and ZIP Code)<br>123 2nd St, Local Town, MN 11111 | 14D. TELEPHONE NUMBER<br>123-456-7890   |
| 15. REMARKS  |   |

**I CERTIFY** that the statements made in this document are true and complete to the best of my knowledge. I further certify that the deceased veteran is eligible, in accordance with the attached instructions, for issue of a United States flag for burial purposes, and such flag has not been previously applied for or furnished.

|   |   |  |                              |
|---|---|--|------------------------------|
| 16. SIGNATURE OF APPLICANT (Sign in INK)<br>/s/ | 17. ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., and ZIP Code)<br>123 2nd St, Local Town, MN 11111 | 18. RELATIONSHIP TO DECEASED VETERAN<br>Daughter | 19. DATE SIGNED<br>03/17/201 |
|---|---|--|------------------------------|

**PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine, imprisonment, or both.**

**ACKNOWLEDGMENT OF RECEIPT OF FLAG (ONLY ONE FLAG MAY BE ISSUED FOR EACH DECEASED VETERAN)**

|   |   |
|---|---|
| 20. SIGNATURE OF PERSON RECEIVING FLAG (Sign in INK)          | 21. DATE FLAG ISSUED                                      |
| 22. NAME AND ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT | <b>FOR VA USE</b>   |
|   | DATE NOTIFICATION FORWARDED TO SUPPLY      STATION NUMBER |

VA FORM 27-2008, MAR 2015

SUPERSEDES VA FORM 27- 2008, JUL 2012, WHICH WILL NOT BE USED.

**This stub is to be completed by the POSTMASTER or other issuing official. Upon receipt the VA Regional Office will detach and forward it to the appropriate Supply Officer.**

**NOTIFICATION OF ISSUANCE OF FLAG**

|   |                             |  |
|---|-----------------------------|--|
| DATE FLAG ISSUED                                  | ISSUING POINT TELEPHONE NO. | ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT |
| SIGNATURE OF POSTMASTER OR OTHER ISSUING OFFICIAL |                             |  |

VA FORM 27-2008  
 MAR 2015

SUPERSEDES VA FORM 27- 2008, JUL 2012,  
 WHICH WILL NOT BE USED.

SEE INSTRUCTIONS



## INSTRUCTIONS

### A. How can I contact VA if I have questions?

If you have questions about this form, how to fill it out, or about benefits, contact your nearest VA regional office. You can locate the address of the nearest regional office in your telephone book blue pages under "United States Government, Veterans" or call 1-800-827-1000 (Hearing Impaired TDD line 1-800-829-4833). You may also contact VA by Internet at <https://iris.va.gov/>.

### B. How do I apply for a burial flag?

Complete VA Form 27-2008, and submit it to a funeral director or a representative of the veteran or other organization having charge of the funeral arrangements or acting in the interest of the veteran. You may get a flag at any VA regional office or U.S. Post Office. When burial is in a national, State or military post cemetery, a burial flag will be provided.

### C. Who is eligible for a burial flag?

Generally, veterans with an other than dishonorable discharge. *Note:* This includes veterans who served in the Philippine military forces while such forces were in the service of the U.S. armed forces under the President's Order of July 26, 1941 and died on or after April 25, 1951, and veterans who served in the Philippine military services are eligible for burial in a national cemetery.

Veterans who were entitled to retired pay for service in the reserves, or would have been entitled to such pay but not for being under 60 years of age.

Members or former members of the Selected Reserve (Army, Air Force, Coast Guard, Marine Corps, or Naval Reserve; Air National Guard; or Army National Guard) who served at least one enlistment or, in the case of an officer, the period of initial obligation, or were discharged for disability incurred or aggravated in line of duty, or died while a member of the Selected Reserve.

### D. Who is not eligible for a burial flag?

Veterans who received a dishonorable discharge.

Members of the Selected Reserve whose last discharge from service was under conditions less favorable than honorable.

Peacetime veterans who were discharged before June 27, 1950 and did not serve at least one complete enlistment or incur or aggravate a disability in the line of duty.

Veterans who were convicted of a Federal capital crime and sentenced to death or life imprisonment, or were convicted of a State capital crime and sentenced to death or life imprisonment without parole, or were found to have committed a Federal or State capital crime but were not convicted by reason of not being available for trial due to death or flight to avoid prosecution.

Discharged or rejected draftees, or members of the National Guard, who reported to camp in answer to the President's call for World War I service but who, when medically examined, were not finally accepted for military service.

### D. Who is not eligible for a burial flag? (Continued)

Persons who were discharged from World War I service prior to November 12, 1918, on their own application or solicitation by reason of being an alien, or any veterans discharged for alienage during a period of hostilities.

Persons who served with any of the forces allied with the United States in any war, even though United States citizens, if they did not serve with the United States armed forces.

Persons inducted for training and service who, before entering such training and service were transferred to the Enlisted Reserve Corps and given a furlough.

Former temporary members of the United States Coast Guard Reserve.

### E. What documentation is required in order to receive a burial flag?

Provide a copy of the veteran's discharge documents that shows service dates and the character of service, such as DD Form 214, or verification of service from the veteran's service department or VA. Various information requested, is considered essential to the proper processing of the application. Ensure these areas are completed as fully as possible.

*Note:* If the claimant is unable to provide documentary proof, a flag may be issued when a statement is made by a person of established character and reputation that he/she personally knows the deceased to have been a veteran who meets the eligibility criteria.

### F. Who is eligible to receive a burial flag?

Only one flag may be issued for each deceased veteran. Generally, the flag is given to the next-of-kin as a keepsake after its use during the funeral service. The flag is given to the following person(s) in the order of precedence listed:

surviving spouse

children, according to age

parents, including adoptive, stepparents, and foster parents

brothers or sisters, including brothers or sisters of half blood

uncles or aunts

nephews or nieces

others, such as cousins or grandparents

When there is no next-of-kin, VA will furnish the flag to a friend making a request for it. If there is no living relative or one cannot be located, and no friend requests the flag, it must be returned to the nearest VA facility.

*Note:* The flag cannot be replaced if it is lost, destroyed, or stolen. Additionally, a flag may not be issued after burial unless it was impossible to obtain a flag in time to drape the casket or accompany the urn before burial. If the next-of-kin or friend is requesting the flag after the veteran's burial, he or she must personally sign the application and explain in Item 15 "Remarks" the reason that prevented timely application for a burial flag.

## USE OF THE FLAG

1. This flag is issued on behalf of the Department of Veterans Affairs to honor the memory of one who has served our country.
2. When used to drape the casket, the flag should be placed as follows:
  - (a) **Closed Casket** - When the flag is used to drape a closed casket, it should be so placed that the union (blue field) is at the head and over the left shoulder of the deceased.
  - (b) **Half Couch (Open)** - When the flag is used to drape a half-couch casket, it should be placed in three layers to cover the closed half of the casket in such a manner that the blue field will be the top fold, next to the open portion of the casket on the deceased's left.
  - (c) **Full Couch (Open)** - When the flag is used to drape a full-couch casket, it should be folded in a triangular shape and placed in the center part of the head panel of the casket cap, just above the left shoulder of the deceased.
3. During a military commitment ceremony, the flag which was used to drape the casket is held waist high over the grave by the pallbearers and, immediately after the sounding of "Taps," is folded in accordance with the illustration below.
4. Folding the flag (see illustration below):
5. The flag should not be lowered into the grave or allowed to touch the ground. When taken from the casket, it should be folded as shown (see illustration).
6. The flag should form a distinctive feature of the ceremony of the unveiling of a statue or monument, but it should never be used as a covering for the statue or monument.
7. The flag should never be fastened, displayed, used, or stowed in such a manner as will permit it to be easily torn, soiled, or damaged in any way.
8. The flag should never have placed upon it, nor any part of it, nor attached to it, any mark, insignia, letter, word, figure, design, picture, or drawing of any nature.
9. The flag should never be used as a receptacle for receiving, holding, carrying, or delivering anything.
10. The flag, when badly worn, torn, or soiled should no longer be publicly displayed, but privately destroyed by burning in such a manner as to convey no suggestion of disrespect or irreverence.

## CORRECT METHOD OF FOLDING THE UNITED STATES FLAG



A)

(A) Straighten out the flag to full length and fold lengthwise once, folding the lower striped section of the flag over the blue field.



B)

(B) Fold the flag lengthwise a second time to meet the open edge, making sure that the union of stars on the blue field remains outward in full view.



C)



D)



E)



(C) A triangular fold is then started by bringing the striped corner of the folded edge to the open edge.

(D) The outer point is then turned inward, parallel with the open edge to form a second triangle.

(E) The diagonal or triangular folding is continued toward the blue union until the end is reached, with only the blue showing and the form being that of a cocked (three corner) hat.



# Veterans Crisis Line

1-800-273-8255



VA PAM 27-18-1  
January 2018  
P96888

**VA**



U.S. Department  
of Veterans Affairs