

## Demo Form Conditional Elements

The purpose of this page is to outline all of the conditional elements within the VA Forms System Core [21P-530 Burials Form Prototype](#).

Check out our proof of concept for the burial form here: [Burial Form POC inside of vets-website](#)

All form pages

A form element for a required text input. It features a vertical red line on the left. To the right of the line, the text "Street address (\*Required)" is displayed in bold black font, followed by "Please provide a response" in bold red font. Below the text is a rectangular input field with a red border and a yellow highlight. A vertical cursor is visible at the beginning of the input field.

**Street address (\*Required)**  
**Please provide a response**

Step 3: Deceased Veteran Information

[step 3.mov](#)

Step 4: Military Service History

# Burials Example

## Step 4 of 8: Military Service History

### Military Service History

**Note:** If you would rather upload a DD214 than enter dates here, you can do that later in the form.

#### Service Periods

Service start date

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Service end date

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Branch of service

Rank

Service number

Place of entry

Place of separation

[Add another Service Period](#)



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## Step 5: Military History

[step 5.mov](#)



The "Add another name" button should not be evaluated, as the VAFSC ArrayField implementation is not yet in place.

## Step 6: Benefits Selection

[step 6.mov](#)

## Step 7: Benefits Selection - Burial Allowance

## Step 7 of 10: Benefits Selection

### Burial allowance

Type of burial allowance requested **(\*Required)**

- ☐ Service-connected death (for a Veteran death related to, or resulting from, a service-connected disability)
- ☒ Non-service-connected death

If filing for a non-service-connected allowance, the Veteran's burial date must be no more than 2 years from the current date. Find out if you still qualify [Learn about eligibility](#).

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### Need help?

Call us at [800-827-1000](tel:800-827-1000). We're here Monday through Friday, 8:00 a.m to 9:00 p.m ET. If you have hearing loss, call TTY: [711](tel:711).

## Step 8: Benefits Selection - Plot or interment allowance

Conditional renders from selecting radio button options:

Was the Veteran buried in a national cemetery, or one owned by the federal government? **(\*Required)**

- ☐ Yes
- ☒ No

Was the Veteran buried in a state Veteran's cemetery? **(\*Required)**

- ☒ Yes
- ☐ No

Did a federal/state government or the Veteran's employer contribute to the burial? (Not including employer life insurance) **(\*Required)**

- ☒ Yes
- ☐ No

Amount of government or employer contribution. **(\*Required)**

123

[step 8.mov](#)

## Step 9: Claimant contact information

[step 9.mov](#)