

 Department of Veterans Affairs	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 <i>either</i> 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				
2. VETERAN'S SOCIAL SECURITY NUMBER	3. VA FILE NUMBER			
— —	C/CSS -			
CLAIMANT'S PERSONAL INFORMATION				
4. CLAIMANT'S NAME <i>(First, middle initial, last)</i>				
5. CURRENT MAILING ADDRESS <i>(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)</i>				
No. & Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code —				
6. PREFERRED TELEPHONE NUMBER <i>(Include Area Code)</i>	7. PREFERRED E-MAIL ADDRESS			
— —				
8. RELATIONSHIP OF CLAIMANT TO DECEASED VETERAN <i>(Check one)</i>				
<input type="checkbox"/> SPOUSE <input type="checkbox"/> EXECUTOR/ADMINISTRATOR OF ESTATE OR PERSON ACTING FOR THE ESTATE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> PARENT				
PART II - INFORMATION REGARDING VETERAN				
9A. DATE OF BIRTH	9B. PLACE OF BIRTH			
10A. DATE OF DEATH	10B. PLACE OF DEATH	10C. DATE OF BURIAL		
SERVICE INFORMATION <i>(The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)</i>				
11A. ENTERED SERVICE		11B. SERVICE NUMBER	11C. SEPARATED FROM SERVICE	11D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE	NUMBER	DATE	PLACE
12. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME				

VETERAN'S SSN

PART III - CLAIM FOR BURIAL ALLOWANCE13A. TYPE OF BURIAL ALLOWANCE REQUESTED *(Check one)*☐ NON-SERVICE-CONNECTED DEATH☐ SERVICE-CONNECTED DEATH☐ VA MEDICAL CENTER DEATH *(See instructions for definition.)**(If VA Medical Center Death is checked, provide actual burial cost.)*

\$

13B. WHERE DID THE VETERAN'S DEATH OCCUR? *(Check one)*☐ VA MEDICAL CENTER☐ NURSING HOME UNDER VA CONTRACT☐ STATE VETERANS HOME☐ OTHER *(Specify)*

14. IF YOU ARE THE DECEASED VETERAN'S SPOUSE, DID YOU PREVIOUSLY RECEIVE A VA BURIAL ALLOWANCE?

☐ YES ☐ NO

15A. DID YOU INCUR EXPENSES FOR THE VETERAN'S BURIAL?

☐ YES ☐ NO

15B. ARE YOU SEEKING BURIAL BENEFITS FOR THE UNCLAIMED REMAINS OF A VETERAN?

☐ YES ☐ NO**PART IV - CLAIM FOR PLOT OR INTERMENT ALLOWANCE**

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

(Specify)

17A. DID YOU INCUR EXPENSES FOR THE VETERAN'S PLOT OR INTERMENT?

☐ YES ☐ NO

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

☐ YES ☐ NO

17C. WAS THE VETERAN BURIED IN A STATE VETERANS CEMETERY?

☐ YES ☐ NO

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

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

18B. AMOUNT OF GOVERNMENT OR EMPLOYER CONTRIBUTION

\$

PART V - CLAIM FOR TRANSPORTATION REIMBURSEMENT

19. EXPENSES INCURRED FOR THE TRANSPORTATION OF THE VETERAN'S REMAINS FROM THE PLACE OF DEATH TO THE FINAL RESTING PLACE

(Attach itemized receipts)

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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.

20A. SIGNATURE OF CLAIMANT *(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)*20B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY *(Please sign in ink.)*

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

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.

22A. SIGNATURE OF WITNESS *(Sign in ink.)*

22B. ADDRESS OF WITNESS

23A. SIGNATURE OF WITNESS *(Sign in ink.)*

23B. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false.

DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS

The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals may include any veterans with an other than dishonorable discharge who dies after service or any servicemember who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals in a national or post cemetery are furnished automatically without request from the family.

For additional information on burial benefits go to the web site, www.cem.va.gov/bbene_burial.asp. To obtain VA Form 40-1330, Application for Standard Government Headstone or Marker go to www.va.gov/vaforms or contact your local VA regional office. The address of that office can be found at to www.va.gov/directory.