OMB Control No. 2900-0565 Respondent Burden: 5 minutes Expiration Date: 12/31/2022

Department of Veterans Affairs

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INSTRUCTIONS: Please read the Privacy Act and Respondent Interior Information on Page 2 before completing this form. SECTION I: VETERAN'S IDENTIFICATION INFORMATION NOTE: You can differ complete the form online or by hand. Please print your information using the or black init, neathy and legibly to help process the form. 1. NAME OF DECEASED VETERAN (First, Models Initial, Load) 2. VETERAN'S SOCIAL SECURITY NUMBER 1. VETERAN'S SERVICE NUMBER (I different from filter) 2. VETERAN'S SOCIAL SECURITY NUMBER 2. VETERAN'S SERVICE OF BIRTH Morth Day Year SECTION II: VETERAN'S ACTIVE DUTY SERVICE SERVICE INFORMATION (The following information should be familished for the periods of the VETERAN'S ACTIVE SERVICE BA. BRANCH OF SERVICE DATE ENTERED ACTIVE SERVICE PLACE ENTERED ACTIVE SERVICE PLACE ENTERED ACTIVE SERVICE PLACE LEFT ACTIVE SERVICE 10. IF VETERAN'S SERVICE UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE REDERED LINDER THAT NAME: SECTION III: RECIPIENT ORGANIZATION INFORMATION 11. NAME OF STATE CLAIMING INTERNINT ALLOWANCE A. STATE CEMETERY NAME 8. STATE CEMETERY NAME 8. STATE CEMETERY LOCATION 15. RECIPIENT ORGANIZATION INFORMATION 16. RECIPIENT ORGANIZATION INFORMATION 17. RECIPIENT ORGANIZATION INFORMATION 18. RECIPIENT ORGANIZATION NAME (Pull Name of Pagee) 19. DATE CEMETERY NAME 19. RECIPIENT ORGANIZATION PROVE NUMBER 19. RECIPIENT ORGANIZATION INFORMATION 19. DATE OF BURNAL (AMMODPYYYY) 19. RECIPIENT ORGANIZATION NAME (Pull Name of Pagee) 10. IF RECIPIENT ORGANIZATION PROVE NUMBER 19. RECIPIENT ORGANIZATION						(50.10)		ilo di AGE,	
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13. DATE OF BURIAL (MM/DD/YYYY) 14. RECIPIENT ORGANIZATION NAME (Full Name of Payee) 15. RECIPIENT ORGANIZATION PHONE NUMBER (Include Area Code) 16. RECIPIENT ORGANIZATION PAYEE ADDRESS (Number and street or rural route, P.O. Box, City, ZIP Code and Country) No. & Street Apt./Unit Number City	11. NAME OF STATE CLAIMING INTERMENT		12. PLACE OF BURIAL						
16. RECIPIENT ORGANIZATION PAYEE ADDRESS (Number and street or rural route, P.O. Box, City, ZIP Code and Country) No. & Street Apt./Unit Number City			A. STATE CEMETERY NA	AME	В	STATE CE	METERY LOCAT	ION	
16. RECIPIENT ORGANIZATION PAYEE ADDRESS (Number and street or rural route, P.O. Box, City, ZIP Code and Country) No. & Street Apt./Unit Number City		<u> </u>							
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No. & Street Apt./Unit Number City	10. Britz di Bortine (mini BB/1777)	THEOR ILITY ON	with the trial to the time of the	.,,,,,	(Include	e Area Code))		
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Street Apt./Unit Number City	16. RECIPIENT ORGANIZATION PAYEE ADD	RESS (Number ar	nd street or rural route, P.O. Box, City	y, ZIP Code and	Country)				
Apt./Unit Number City									
State/Province Country ZIP Code/Postal Code -	Apt./Unit Number	City							
Otation Totalio	State/Province Country	Z	IP Code/Postal Code		_				

Toll Free: (844) 655-1604

Veteran's Social Security No.								
SECTION IV: CERTIFICATION AND SIGNATURE								
I HEREBY CERTIFY THAT the veteran named in Item 1 was buried in a State-owned Veterans Cemetery (without charge).								
17A. SIGNATURE OF STATE OFFICIAL DELEGATED RESPONSIBILITY TO APPLY FOR FEDERAL FUNDS (Sign in ink)								
17B. TITLE OF STATE OFFICIAL DELEGATED RESPONSIBILITY TO APPLY FOR FEDERAL FUNDS	17C. DATE SIGNED							
SECTION V: REMARKS								
40 PELUDIO 70								
18. REMARKS (If any)								
Mail your completed form to:								
Department of Victorian A CC in-								
Department of Veterans Affairs Pension Intake Center								
P.O. Box 5365								
Janesville, Wisconsin 53547-5365								
Or fax your completed form to:								

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 eligibility for an internment allowance (38 U.S.C. 2303 and 2304). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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