OMB Control No. 2900-0565
Respondent Burden: 5 minutes
Expiration Date: 10/31/2027

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

STATE OR TRIBAL ORGANIZATION APPLICATION FOR INTERMENT ALLOWANCE (UNDER 38 U.S.C. CHAPTER 23)

INSTRUCTIONS: Please read the Privacy Act and Respondent Burden information on Page 2 before completing this form.

SECTION I: VETERAN'S IDENTIFICATION INFORMATION

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

1. NAME OF DECEASED VETERAN *(First, Middle Initial, Last)*

John M Doe

2. VETERAN'S SOCIAL SECURITY NUMBER: 123-45-6789

3. VETERAN'S SERVICE NUMBER *(If different from Item 2)*: 987654321

4. VETERAN'S FILE NUMBER: 987654321

5. VETERAN'S DATE OF BIRTH: Month 01 – Day 01 – Year 1950

6. VETERAN'S PLACE OF BIRTH (City and State): Kansas City, MO

7. VETERAN'S DATE OF DEATH: Month 01 – Day 15 – Year 2024

SECTION II: VETERAN'S ACTIVE DUTY SERVICE

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

8A. BRANCH OF SERVICE	8B. ENTERED SERVICE	
	DATE ENTERED ACTIVE SERVICE	PLACE ENTERED ACTIVE SERVICE
Army	06/01/1968	Fort Benning, GA
Air Force	06/01/1972	Fort Benning, GA

9A. GRADE, RANK OR RATING WHEN SEPARATED FROM SERVICE	9B. SEPARATED FROM SERVICE	
	DATE LEFT ACTIVE SERVICE	PLACE LEFT ACTIVE SERVICE
Sergeant	05/31/1972	Fort Hood, TX
Sergeant	05/31/1976	Fort Hood, TX

10. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME:
Rusty Shackleford

SECTION III: STATE CEMETERY OR TRIBAL ORGANIZATION INFORMATION

11. NAME OF STATE CEMETERY OR TRIBAL ORGANIZATION CLAIMING INTERMENT ALLOWANCE	12. PLACE OF BURIAL	
	A. STATE CEMETERY OR TRIBAL CEMETERY NAME	B. STATE CEMETERY OR TRIBAL CEMETERY LOCATION
Missouri State Veterans Cemetery	Missouri State Veterans Cemetery	Higginsville, MO

13. DATE OF BURIAL *(MM/DD/YYYY)*	14. RECIPIENT ORGANIZATION NAME *(Full Name of Payee)*	15. RECIPIENT ORGANIZATION PHONE NUMBER *(Include Area Code)*
01/18/2024	Missouri Veterans Commission	555-123-4567

16. RECIPIENT ORGANIZATION PAYEE ADDRESS *(Number and street or rural route, P.O. Box, City, ZIP Code and Country)*

No. & Street: 2400 Veterans Memorial Drive

Apt./Unit Number: 123 City: Higginsville

State/Province: MO Country: US ZIP Code/Postal Code: 64037 – 1234

Veteran's Social Security No. 1 2 3 – 4 5 – 6 7 8 9

SECTION IV: CERTIFICATION AND SIGNATURE

I HEREBY CERTIFY THAT the veteran named in Item 1 was buried in a State-owned Veterans Cemetery or Tribal Cemetery (without charge).

17A. SIGNATURE OF STATE OR TRIBAL OFFICIAL DELEGATED RESPONSIBILITY TO APPLY FOR FEDERAL FUNDS *(Sign in ink)*

John M. Smith

17B. TITLE OF STATE OR TRIBAL OFFICIAL DELEGATED RESPONSIBILITY TO APPLY FOR FEDERAL FUNDS	17C. DATE SIGNED
Director of Veterans Services	07/25/2017

SECTION V: REMARKS

18. REMARKS *(If any)*

Application for state cemetery burial allowance

Mail your completed form to:

Department of Veterans Affairs
Pension Intake Center
P.O. Box 5365
Janesville, Wisconsin 53547-5365

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 Veteran Readiness 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: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control Number. The OMB control number for this project is 2900-0565, and it expires 10/31/2027. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden to VA Reports Clearance Officer at VACOPaperworkReduAct@VA.gov. Please refer to OMB Control No. 2900-0565 in any correspondence. Do not send your completed VA Form 21P-530a to this email address.