



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 *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

2. VETERAN'S SOCIAL SECURITY NUMBER

— —

3. VA FILE NUMBER

C/CSS -

CLAIMANT'S PERSONAL INFORMATION

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

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

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

—

6. PREFERRED TELEPHONE NUMBER (*Include Area Code*)

— —

7. PREFERRED E-MAIL ADDRESS

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

9B. PLACE OF BIRTH

10A. DATE OF DEATH

10B. PLACE OF DEATH

10C. DATE OF BURIAL

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

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

PART III - CLAIM FOR BURIAL ALLOWANCE

13A. TYPE OF BURIAL ALLOWANCE REQUESTED (Check one) <input type="checkbox"/> NON-SERVICE-CONNECTED DEATH <input type="checkbox"/> SERVICE-CONNECTED DEATH <input type="checkbox"/> 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) <input type="checkbox"/> VA MEDICAL CENTER <input type="checkbox"/> NURSING HOME UNDER VA CONTRACT <input type="checkbox"/> STATE VETERANS HOME <input type="checkbox"/> OTHER (Specify)
14. IF YOU ARE THE DECEASED VETERAN'S SPOUSE, DID YOU PREVIOUSLY RECEIVE A VA BURIAL ALLOWANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
15A. DID YOU INCUR EXPENSES FOR THE VETERAN'S BURIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
15B. ARE YOU SEEKING BURIAL BENEFITS FOR THE UNCLAIMED REMAINS OF A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	17B. WAS VETERAN BURIED IN A NATIONAL CEMETERY, OR ONE OWNED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
17C. WAS THE VETERAN BURIED IN A STATE VETERANS CEMETERY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
18A. DID A FEDERAL/STATE GOVERNMENT OR THE VETERAN'S EMPLOYER CONTRIBUTE TO THE BURIAL? <input type="checkbox"/> YES <input type="checkbox"/> 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) \$

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.

Additional Information

5. CURRENT MAILING ADDRESS (City):

Baltimore

5. CURRENT MAILING ADDRESS (Country):

USA

5. CURRENT MAILING ADDRESS (Postal Code):

21231

5. CURRENT MAILING ADDRESS (Address line 1):

street

5. CURRENT MAILING ADDRESS (Address line 2):

street2

5. CURRENT MAILING ADDRESS (State):

MD