



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*)

2. VETERAN'S SOCIAL SECURITY NUMBER
— — —

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

4. VETERAN'S FILE NUMBER

5. VETERAN'S DATE OF BIRTH

Month Day Year
— — —

6. VETERAN'S PLACE OF BIRTH
(City and State)

7. VETERAN'S DATE OF DEATH

Month Day Year
— — —

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

9A. GRADE, RANK OR RATING WHEN SEPARATED
FROM SERVICE

9B. SEPARATED FROM SERVICE

DATE LEFT ACTIVE SERVICE

PLACE LEFT ACTIVE SERVICE

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

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

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

State/Province

Country

ZIP Code/Postal Code

—

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*)

17B. TITLE OF STATE OR TRIBAL OFFICIAL DELEGATED RESPONSIBILITY TO APPLY FOR FEDERAL FUNDS

17C. DATE SIGNED

SECTION V: REMARKS

18. REMARKS (*If any*)

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.

Additional Information

1. Name of deceased veteran - first name:

First or given name

1. Name of deceased veteran - last name:

Last or family name

6. Veteran's place of birth (city and state):

8. Branch of service Line 1:

Space Force

8. Date entered service Line 1:

01/01/1999

8. Place entered service Line 1:

Place the Veteran entered active servicePlace the Veteran entered active servicePlace the Veteran
entered active servicePlace the Veteran entered active servicePlace the Veteran entered active
service

9. Date left active service Line 1:

01/01/2027

9. Grade, rank or rating when separated Line 1:

Grade, rank, or ratingGrade, rank, or rating

9. Place left active service Line 1:

Place the Veteran separated active servicePlace the Veteran separated active servicePlace the
Veteran separated active servicePlace the Veteran separated active service

10. If veteran served under name other than that shown in item 1:

11. Name of state claiming internment allowance:

Organization nameOrganization nameOrganization nameOrganization nameOrganization
nameOrganization nameOrganization nameOrganization name

12. State cemetery location:

12. State cemetery name:

14. Recipient organization name (full name of payee):

Full nameFull nameFull nameFull nameFull nameFull nameFull nameFull nameFull name

16. Address - city:

16. Address - number and street:

16. Address - state:

State province or regionState province or regionState province or regionState province or re

17. Title of state or tribal official:

18. Remarks: