

Department of Veterans Affairs CLAIM FOR STANDARD GOVERNMENT HEADSTONE OR MARKER

IMPORTANT: Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. Failure to complete each block may result in delayed processing. *Blocks outlined in bold are optional inscription items. PLEASE INCLUDE MILITARY DISCHARGE DOCUMENTS.*

3. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (No Nicknames or titles permitted)		1. DID VA PREVIOUSLY DETERMINE ELIGIBILITY FOR BURIAL AT A VA NATIONAL CEMETERY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE	2. TYPE OF REQUEST <input type="checkbox"/> INITIAL REQUEST (First time) <input type="checkbox"/> REPLACEMENT (Specify reason in Block 33, Remarks)
FIRST (Or Initial)	MIDDLE (Or Initial)	LAST	SUFFIX (Sr., Jr., II, III, etc.)
5. RACE OR ETHNICITY (You may select more than one. Information will be used for statistical purposes only.) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> OTHER (Specify) _____		6. GENDER (Information will be used for statistical purposes only.) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	7. AGE AT TIME OF DEATH

VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941)

8. VETERAN'S SOCIAL SECURITY NO. AND/OR SERVICE NO. SSN: AND/OR SVC. NO.:	9. PLACE OF BIRTH (City and State or Country)	10A. DATE OF BIRTH MONTH DAY YEAR	10B. DATE OF DEATH MONTH DAY YEAR
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PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 33)		12. HIGHEST RANK ATTAINED (No pay grades)
11A. DATE(S) ENTERED MONTH DAY YEAR	11B. DATE(S) SEPARATED MONTH DAY YEAR	

13. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 12) ARMY NAVY MARINE COAST AIR ARMY AIR MERCHANT OTHER CORPS GUARD FORCE FORCES MARINE (Specify)	14. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided) MEDAL OF DST SVC SILVER DST FLYING PURPLE AIR OTHER HONOR CROSS STAR CROSS HEART MEDAL (Specify)
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15. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one) FLAT FLAT UPRIGHT FLAT BRONZE UPRIGHT SMALL FLAT BRONZE GRANITE MARBLE MARBLE NICHE GRANITE GRANITE <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/> Z <input type="checkbox"/> V <input type="checkbox"/> L	16. WAR SERVICE (Check applicable box(es)) <input type="checkbox"/> WORLD WAR II <input type="checkbox"/> PERSIAN GULF <input type="checkbox"/> KOREA <input type="checkbox"/> AFGHANISTAN <input type="checkbox"/> VIETNAM <input type="checkbox"/> IRAQ <input type="checkbox"/> OTHER (Specify)	17. EMBLEM OF BELIEF (Optional) EMBLEM NUMBER (Specify) (See page 5 for available emblems) <input type="checkbox"/> _____ <input type="checkbox"/> NONE
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18. ADDITIONAL INSCRIPTION/TERM OF ENDEARMENT (Optional) (Space will vary according to type of marker)

19a. NAME AND MAILING ADDRESS OF APPLICANT (No., Street, City, State, and ZIP Code)	19b. DAYTIME OR CELL PHONE NO. OF APPLICANT (Include Area Code)
	19c. E-MAIL ADDRESS (Optional)
	19d. FAX NO. (Optional)

20. ARE YOU:

<input type="checkbox"/> FAMILY MEMBER (Specify relationship) _____	<input type="checkbox"/> VETERANS SERVICE OFFICER	<input type="checkbox"/> CEMETERY MANAGEMENT (where the unclaimed remains are buried)
<input type="checkbox"/> PERSONAL REPRESENTATIVE (Person responsible for decisions concerning burial of decedent; include written authorization)	<input type="checkbox"/> FUNERAL HOME MANAGEMENT (that received the unclaimed remains)	<input type="checkbox"/> OTHER (Specify) _____

21. I WOULD LIKE A PRESIDENTIAL MEMORIAL CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO	22. IF "YES" HOW MANY?
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CERTIFICATION: By signing below I certify the headstone or marker will be installed in the cemetery listed in block 27 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge. I also certify, to the best of my knowledge, that the decedent has never committed a serious crime, such as murder or other offense that could have resulted in imprisonment for life, has never been convicted of a serious crime, and has never been convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.

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 or for the fraudulent acceptance of any benefit to which you are not entitled.

23. SIGNATURE OF APPLICANT	24. DATE (MM/DD/YYYY)
25. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State, and ZIP Code; P.O. BOX IS NOT ACCEPTABLE) MUST SIGN IN BLOCK 28	26. DAYTIME OR CELL PHONE NO. OF CONSIGNEE (Include Area Code)
	27. NAME AND ADDRESS OF CEMETERY OR FAMILY PLOT WHERE GRAVE IS LOCATED (No., Street, City, State, and ZIP Code) MUST SIGN IN BLOCK 30

CERTIFICATION: By signing below I agree to accept prepaid delivery of the headstone or marker.

28. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 25	29. DATE (MM/DD/YYYY)
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CERTIFICATION: By signing below I certify the type of headstone or marker checked in block 15 is permitted in the cemetery named in block 27.

30. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL	31. DAYTIME PHONE NO OF CEMETERY (Include Area Code)	32. DATE (MM/DD/YYYY)
33. REMARKS	34. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN BELOW (e.g., buried at sea, remains scattered, etc.) <input type="checkbox"/> REMAINS NOT BURIED	35. SECTION/GRAVE NO. (State Cemetery Only)

**AVAILABLE EMBLEMS OF BELIEF FOR PLACEMENT ON GOVERNMENT
HEADSTONES AND MARKERS (See block 17)**

								
(01) LATIN CROSS (Christian)	(02) BUDDHIST (Wheel of Righteousness)	(03) JEWISH (Star of David)	(04) PRESBYTERIAN CROSS	(05) RUSSIAN ORTHODOX CROSS	(06) LUTHERAN CROSS	(07) EPISCOPAL CROSS	(08) UNITARIAN CHURCH (Flaming Chalice)	(09) UNITED METHODIST CHURCH
								
(10) AARONIC ORDER CHURCH	(11) MORMON (Angel Moroni)	(12) NATIVE AMERICAN CHURCH OF NORTH AMERICA	(13) SERBIAN ORTHODOX	(14) GREEK CROSS	(15) BAHAI (9 Pointed Star)	(16) ATHEIST	(17) MUSLIM (Crescent and Star)	(18) HINDU
								
(19) KONKO-KYO FAITH	(20) COMMUNITY OF CHRIST	(21) SUFISM REORIENTED	(22) TENRIKYO CHURCH	(23) SEICHO-NO-IE	(24) CHURCH OF WORLD MESSIANITY	(25) UNITED CHURCH OF RELIGIOUS SCIENCE	(26) CHRISTIAN REFORMED CHURCH	(27) UNITED MORAVIAN CHURCH
								
(28) ECKANKAR	(29) CHRISTIAN CHURCH	(30) CHRISTIAN & MISSIONARY ALLIANCE	(31) UNITED CHURCH OF CHRIST	(32) HUMANIST	(33) PRESBYTERIAN CHURCH (USA)	(34) IZUMO TAISHAKYO MISSION OF HAWAII	(35) SOKA GAKKAI INTERNATIONAL (USA)	(36) SIKH (KHANDA)
								
(37) WICCAN (Pentacle)	(38) LUTHERAN CHURCH MISSOURI SYNOD	(39) NEW APOSTOLIC CHURCH	(40) SEVENTH DAY ADVENTIST CHURCH	(41) CELTIC CROSS	(42) ARMENIAN CROSS	(43) FARO HAR	(44) MESSIANIC JEWISH	(45) KOHEN HANDS
								
(46) CATHOLIC CELTIC CROSS	(47) CHRISTIAN SCIENTIST (Cross & Crown)	(48) MEDICINE WHEEL	(49) INFINITY	(51) LUTHER ROSE	(52) LANDING EAGLE	(53) FOUR DIRECTIONS	(54) CHURCH OF NAZARENE	(55) HAMMER OF THOR
								
(56) UNIFICATION CHURCH	(57) SANDHILL CRANE	(58) CHURCH OF GOD	(59) POMEGRANATE	(60) MESSIANIC	(61) SHINTO	(62) SACRED HEART	(63) AFRICAN ANCESTRAL TRADITIONALIST (Nyame Ye Ohene)	(64) MALTESE CROSS
								
(65) DRUID (AWEN)	(66) WISCONSIN EVANGELICAL LUTHERAN SYNOD	(67) POLISH NATIONAL CATHOLIC CHURCH	(98) ISLAMIC 5-POINTED STAR (not shown due to copyright)					

To obtain the most recent information about headstones and markers including the complete and most current list of available emblems of belief (listing all names and graphics), please visit our website at www.cem.va.gov.