

OFFICE OF VETERANS AFFAIRS

OMB Approved No.
Respondent Burden:

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

ACT NO. 6075 BILL NO. 21-0005

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY. Type or print all information.

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN

2. SOCIAL SECURITY NO. OF VETERAN

3. VA FILE NO.

C-

4A. FIRST, MIDDLE, LAST NAME OF CLAIMANT

SS#:

4B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)

PART I - INFORMATION REGARDING VETERAN

5A. DATE OF BIRTH

5B. PLACE OF BIRTH

6A. DATE OF DEATH

6B. PLACE OF DEATH

6C. DATE OF BURIAL

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

| 7A. ENTERED SERVICE | | 7B. SERVICE NO. | 7C. SEPARATED FROM SERVICE | | 7D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE |
|---------------------|-------|-----------------|----------------------------|-------|---|
| DATE | PLACE | | DATE | PLACE | |
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8. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM I, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

9. ARE YOU CLAIMING THAT THE CAUSE OF DEATH WAS TO SERVICE?

YES NO

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

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| 10. PLACE OF BURIAL OR LOCATION OF CREMAINS | | 11. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," complete Items 13 and 14) | 12. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," complete Items 13 and 14) |
| 13. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. COST IS: (CHECK ONE) <input type="checkbox"/> PAID BY ANOTHER PERSON(S) <input type="checkbox"/> PAID BY CLAIMANT FOR BURIAL <input type="checkbox"/> DUE FUNERAL DIRECTOR <input type="checkbox"/> NONE <input type="checkbox"/> DUE CEMETERY OWNER | | 14. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address) | |
| 15. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND, IF CLAIMED, BURIAL PLOT (This includes cremation, cost of burial, urn, and placement of cremains) \$ | 16. AMOUNT PAID \$ | 17. WHOSE FUNDS WERE USED? | |
| 18A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Items 18B and 18C) | 18B. AMOUNT OF REIMBURSEMENT \$ | 18C. SOURCE OF REIMBURSEMENT | |
| 19A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Items 19B and 19C) | 19B. AMOUNT \$ | 19C. SOURCE(S) | |
| 20. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO (Before answering, read and comply with Instruction 11) | | | |

PART III -- CLAIM FOR PLOT COST ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

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| 21. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? | | 22. PLACE OF BURIAL OR LOCATION OF CREMAINS | |
| 23A. COST OF BURIAL PLOT (Individual Grave Site, Mausoleum Vault, or Columbarium Niche) | | 23B. DATE OF PURCHASE | 23C. DATE OF PAYMENT |
| 24A. HAVE BILLS BEEN PAID IN FULL? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," complete Item 24B) | | 24B. AMOUNT PAID \$ | 25. WHOSE FUNDS WERE USED? |
| 26A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Items 26B and 26C) | | 26B. AMOUNT OF REIMBURSEMENT \$ | 26C. SOURCE OF REIMBURSEMENT |
| 27A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE, ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Items 27B and 27C) | | 27B. AMOUNT \$ | 27C. SOURCE |

PART IV -- 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.

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| 28A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 34A thru 35B) (If signing for firm, corporation, or State agency, complete Items 28B thru 29) | 28B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY |
| 29. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT | |

NOTE - Where the claimant is a firm or other unpaid creditor, Items 30A thru 33 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

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| 30A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 34A thru 35B) | 30B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print) |
| 31. ADDRESS (Number and street or rural route, City or P.O., State and Zip Code) | |

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|----------|-----------------------------|
| 32. DATE | 33. RELATIONSHIP TO VETERAN |
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WITNESS TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark 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.

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| 34A. SIGNATURE OF WITNESS | 34B. ADDRESS OF WITNESS |
| 35A. SIGNATURE OF WITNESS | 35B. 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 grave of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman 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 and an application, contact the nearest VA office.