



**GOVERNMENT OF  
THE UNITED STATES VIRGIN ISLANDS  
OFFICE OF VETERANS AFFAIRS**



OMB Approved No.  
Respondent Burden

# APPLICATION FOR BURIAL BENEFITS

**ACT NO. 6075 BILL NO. 21-005**

**(DO NOT WRITE IN THIS SPACE) VA DATE STAMP**

**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 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

8. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM I, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME.

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

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?

12. WAS BURIAL IN NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?

YES  NO *(IF "NO" COMPLETE ITEMS 13 & 14)*

YES  NO *(IF "NO" COMPLETE ITEMS 13 & 14)*

13. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. COST IS: (CHECK ONE)

PAID BY ANOTHER PERSON(S)  PAID BY CLAIMANT FOR BURIAL

DUE FUNERAL DIRECTOR  NONE

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 AND PLACEMENT OF CREMAINS)	16. AMOUNT PAID	17. WHO WILL FILE CLAIM FOR EXPENSES? (NAME & ADDRESS)
18A. HAS PERSON WHOSE FUNDS ERE USED BEEN REIMBURSED? ___ YES ___ NO (IF "YES" COMPLETE ITEMS 18b&c)	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? ___ YES ___ NO (IF "YES" COMPLETE ITEMS 19b&c)	10B. AMOUNT	19C. SOURCE(S)
20. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE? ___ YES ___ NO (BEFORE ANSWERING, READ AND COMPLY WITH INSTRUCTION 11)		
<b>PART III – CERTIFICATION AND SIGNATURE</b>		
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.		
21A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 34a 7 34B) (If signing for firm, corporation, or state agency, complete items 22A thru 23)	22B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY	
23. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT		
<b>NOTE – Where claimant is firm or other unpaid creditor, Items 24a thru 27 MUST be completed by the individual who authorized services.</b>		
<b>I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.</b>		
24A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES	24B. NAME OF PERSON AUTHORIZING SERVICES (Type or print)	
25. ADDRESS (Number and street or rural route, City or P.O. State and Zip Code)		
26. DATE	27. RELATIONSHIP TO VETERAN	