Planning Your Legacy

VA Survivors and Burial Benefits Kit



VA

VA | U.S. Department of Veterans Affairs

The Department of Veterans Affairs (VA) offers this survivors and burial benefits kit as a source of pre-need planning information and record storage for Veterans and their families. This kit is intended to be used as a supplement to the **Summary of VA Dependents' and Survivors' Benefits** pamphlet[1].

Included you will find *Planning for the Future*, a section to guide you through possible end-of-life and survivors' benefits eligibility. This section will tell you what benefits are offered and when and how you should apply.

For your added benefit, we have provided space for you to add your own personal information that can be kept in one location for your use, and for the use of loved ones. These sections identify the location of important documents, account numbers, military discharge documents, and marital information.

We have provided samples of completed forms that may be needed in the application process. VA forms change periodically; current versions can be found online at **www.va.gov/vaforms**.

It is our sincere desire that the information and documents contained in this brochure assist you and your loved ones.

On behalf of a grateful nation, we respectfully thank all Veterans for their service.

Honor is not a word,
but a way of life.

[1] www.benefits.va.gov/BENEFITS/benefits-summary/SummaryofVADependentsandSurvivorsBenefits.pdf

Planning for the Future

VA has benefits designed to aid you and your family in preparing for the future. The documents in this packet will help guide you and your loved ones as you plan, and ensure your survivors know what benefits are available to them.

The following benefits are available to Veterans and their families:

Pre-Need Eligibility for National Cemetery Burial or Memorialization

VA provides for a final resting place for eligible Veterans, spouses, and their eligible dependents, as well as a headstone or marker, a flag to drape the casket and a Presidential Memorial Certificate.

Memorial or Burial Flags

A United States flag is provided, at no cost, to drape the casket or accompany the urn of a deceased Veteran who served honorably in the U. S. Armed Forces. U.S. Post Offices are the primary issuing point for burial flags. Each family of a decedent is entitled to one flag.

Government Headstones or Markers

VA can provide a single headstone, columbarium niche cover, or a flat marker for a Veteran's final resting place (private, state or national cemeteries).

Cemetery Medallions

VA can provide a medallion for use on a headstone or other memorial in a private cemetery to signify a decedent's status as Veteran. Multiple sizes are available.

Presidential Memorial Certificates

VA can provide a Presidential Memorial Certificate (PMC) to the family of the deceased Veteran. A PMC is an engraved paper certificate signed by the current President.

Burial Benefits and Burial Automatic Payments

Burial benefits are paid to a spouse, designated family member, or executor to partially offset the cost of burial expenses, plot costs, and transportation costs for a Veteran's remains. These benefits are paid at different rates based on whether the Veteran's death was service-connected or non-service connected.

If the Veteran was receiving VA benefits prior to passing and had a spouse of record, these benefits will usually be paid automatically to that spouse. However, additional funds may be paid, or payment made to another party, if an application is completed. Additional benefits, including a plot or interment allowance and transportation allowance, may also be payable.

An application for non-service-connected burial benefits must be submitted within two years from the date of death. There is no time limit for a service-connected death.

Dependency and Indemnity Compensation

Dependency and Indemnity Compensation (DIC) is a monthly tax-free benefit provided to an eligible surviving spouse, dependent child(ren), and/or parent(s) of a Servicemember who died while on active duty, active duty for training, inactive duty training, or to survivors of Veterans who died from a service-connected disability(ies).

DIC benefits paid to surviving spouses and children are not income based. Parents DIC is an income-based benefit for parents who were financially dependent on a Servicemember or Veteran who died from a service-related cause.

Dependents' Educational Assistance Program

The Dependents' Educational Assistance Program offers education and training opportunities to eligible dependents of Veterans who are permanently and totally disabled due to a service-related condition or of Servicemembers who died during active military service or Veterans who died as a result of a service-related condition.

Marine Gunnery Sergeant John David Fry Scholarship

Provides children with financial support for tuition and fees, books and supplies, and housing. You may be eligible for up to 36 months of Fry Scholarship benefits if you are the child of a Servicemember who died during active duty after September 10, 2001. You must use your benefits between your 18th and 33rd birthdays. You may still be eligible if you are married.

The 15-year time limitation for using Post-9/11 GI Bill benefits is eliminated for qualifying dependents (Fry children who became eligible on or after January 1, 2013 and all Fry spouses).

Survivors Pension

A tax-free monetary benefit payment to a low-income, un-remarried surviving spouse and/or eligible unmarried child(ren) of a deceased wartime Veteran, whose death is not service-related. Certain deductible expenses, such an unreimbursed medical expense, may be used to reduce the survivor's countable income.

Special Monthly Pension Benefits

Certain survivors who are eligible for VA pension benefits and require the aid and attendance of another person, or are housebound, may be eligible for additional monetary payment. These benefits are in addition to monthly pension, and they are not paid without eligibility to Pension.

The Civilian Health and Medical Program of the Department of Veterans Affairs

A benefit that provides reimbursement for some medical expenses to certain surviving spouses or children of deceased Veterans, or spouses or children of Veterans with permanent and total service-connected disabilities who are not eligible for TRICARE.

Home Loans

VA can help eligible unmarried surviving spouses (or those remarried after reaching age 57) become homeowners. This benefit may be used to help you buy, build, refinance, repair, and retain, a home for your own personal occupancy. You must be in receipt of Dependency and Indemnity Compensation (DIC) and the surviving spouse of a Veteran who died: a) on active or select reserve service, b) from a service-connected cause, or c) was rated totally disabled for a certain period of time preceding death. Other surviving spouses, include: a) spouse of a Servicemember missing in action or a prisoner of war, and b) spouse of a certain totally disabled Veteran whose disability may not have been the cause of death. For more information visit the **home loan web page**[2] or call 1-877-827-3702.

Veterans Month of Death Benefits

If a Veteran who is receiving VA compensation or pension benefits passes away, their last month of benefits can be paid to their surviving spouse. This payment is usually automatic, but if it is not received, it can be claimed via a phone call to 1-800-827-1000, or through your Veterans Service Officer (VSO) or County Veterans Service Officer (CVSO).

For additional information regarding eligibility requirements see the **Summary of VA Dependents' and Survivors' Benefits**[3].

VA Life Insurance

As part of our mission to serve Servicemembers, Veterans, and their families, VA provides valuable life insurance benefits to give you the peace of mind that comes with knowing your family is protected. VA's life insurance programs were developed to provide financial security for your family given the extraordinary risks involved in military service.

VA has several different insurance programs. To get the insurance benefits you've earned, explore your options, manage your policy, update your life insurance beneficiary designation(s), or file claims, visit www.benefits.va.gov/insurance.

[2] www.benefits.va.gov/homeloans/
[3] www.benefits.va.gov/BENEFITS/benefits-summary/SummaryofVADependentsandSurvivorsBenefits.pdf

What to Do, and When…

Preparing for the passing of a loved one, or even oneself, can be a difficult and confusing time. The following informs you of what you may need to do, and when, to ensure your survivors have the information and documents needed to obtain the benefits for which they may be entitled.

For the Veteran, when discussing your final wishes with your loved ones:

- Discuss your military service and any VA disability rating information with your family and if possible, locate copies of your military separation document(s), such as your DD214.
- Use VA-Form 21-686C to document you and your spouse's marital histories. This information may be needed if your spouse applies for VA benefits after your passing.
- Discuss your final wishes regarding your remains. If you wish to be buried in a national cemetery after your passing, consider applying now for pre-need burial eligibility.
- Be sure to complete and annually review your life insurance beneficiary designation(s), which will make it much easier to file a claim and receive benefits quickly.

For the Veteran's family, as the Veteran is approaching end of life:

- Speak to the Veteran's doctor about how to obtain copies of medical records before and after the Veteran's passing, in case they may be needed in the future.
- Discuss with the Veteran where and when they have received treatment for any medical conditions which you believe may have been incurred in, or exacerbated by, their military service.
- If you believe the Veteran may be entering into their period of final illness, begin keeping a record of any medical expenses related to that final illness.
- If the Veteran wishes to be interred in a national cemetery, locate their pre-need burial approval (if they applied), or clarify their wishes as to where they would like to be interred.

For the Veteran's parents, spouse, or dependent children, after the Veteran's passing:

- Consider if you wish to apply for VA Survivors Pension or DIC.
- If the Veteran had a VA Life Insurance policy, or other policy, prepare and submit a claim with required supporting documentation.
- If you have a medical condition, disease, or injury which necessitates the aid and attendance of another person in performing your activities of daily life, or are housebound, have your physician complete a statement outlining your medical condition.
- If you believe the Veteran's death was related to a condition incurred during military service, or exacerbated by military service, obtain copies of any private medical records from the Veteran's physician (VA hospital records and military medical records can be obtained by VA).

How to Apply for Benefits...

When applying for benefits there are basic forms that must be completed. This page lists the forms required to apply for various VA benefits, as well as what additional documents may be required to show eligibility. This booklet includes copies of the VA forms listed, so you can familiarize yourself with them now. You can find current versions online at **www.va.gov/vaforms**

IF:	USE FORM:	ADDITIONAL DOCUMENTS THAT MAY BE REQUIRED
...you wish to apply for pre-need eligibility in a National Cemetery	VA Form 40-10007	• Veteran's Military Discharge
...you wish to apply for a: -Burial Flag -Government Medallion, or -Headstone/Marker	 VA Form 27-2008 VA Form 40-1330M VA Form 40-1330	• Veteran's Military Discharge
...you wish to apply for burial benefits	VA Form 21P-530	• Veteran's Military Discharge • Death Certificate • Transportation Invoice
...you wish to apply for DIC benefits for the Veteran's: -surviving spouse/child(ren) -surviving parent(s) -surviving spouse/child(ren) as a result of combat-related death	 VA Form 21P-534EZ VA Form 21P-535 VA Form 21P-534a	• Veteran's Military Discharge • Death Certificate • Declaration of Status of Dependents (VA Form 21-686c)
...you wish to apply for a: Survivors Pension (**with aid and attendance or housebound benefits*)	VA Form 21P-534EZ	• Veteran's Military Discharge • Death Certificate • **Examination for Housebound Status or Permanent Need for Aid and Attendance (VA Form 21-2680)*

IF:	USE FORM:	ADDITIONAL DOCUMENTS THAT MAY BE REQUIRED
…you wish to apply for The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)	VA Form 10-10d	• Veteran's Military Discharge
…you wish to apply for a: -Dependents' Educational Assistance Program (DEA) -Marine Gunnery Sergeant John David Fry Scholarship Post 9/11 GI Bill	VA Form 22-5490	• Veteran's Military Discharge
…you wish to apply for home loan	VA Form 26-1817	• Veteran's Military Discharge
…you wish to file a VA Life Insurance claim*		
SGLI & VGLI	SGLV 8283	• Insured's Death Certificate
All other Programs	VA Form 29-4125	• Insured's Death Certificate

*for additional information or applying for a VA Life Insurance policy, visit https://www.va.gov/life-insurance/options-eligibility

For Help With Your Benefits…

Applying for VA benefits, especially at the time of the passing of a loved one, can be difficult and confusing. However, several organizations exist to help you navigate this process, usually cost-free. Here are a few places you can go for help with the claims process:

County Veterans Service Officers

Most local governments in the United States have a designated County Veterans Service Office or Agency, staffed by County Veterans Service Officers (or "CVSOs"). These officers operate independent of VA, but receive VA training, and can act as liaisons between claimants and VA.
They are usually well versed in benefits eligibility requirements and claims processing and are available to help you locally. To find your local CVSO, you can use the directory found online at this URL: **www.ebenefits.va.gov/ebenefits/vso-search.**

Veterans Service Organizations

Veterans Service Organizations (VSO) are private groups dedicated to providing Veterans and their families with various services, including assistance with claims processing. These groups can help you by representing you before VA and can assist you in completing your claim. While these groups are not formally connected to government or VA, they receive VA accreditation and training, and do not charge for their services. To find a VSO, you can use the directory found online at this URL: **www.ebenefits.va.gov/ebenefits/vso-search**

U.S. National Archives and Records Administration (NARA)

Veterans and next of kin can obtain free copies of a DD-214 and other service records. Fax or mail Standard Form SF 180 (Request Pertaining to Military Records), to the address indicated on the *back* of the form, or fill out **online**[4]. Or call NARA customer service staff at **314-801-0800** if you have questions or require *same-day* service (e.g. upcoming surgery or funeral).

VA Contact Information

If you wish to speak directly to a VA representative, contact VA at the following phone numbers:

- For burial, Survivors Pension, DIC, or other benefits: 1-800-827-1000
- For the status of VA headstones and markers: 1-800-697-6947
- For obtaining bereavement counseling: 1-202-461-6530
- For Telecommunications Device for the Deaf services, dial 711
- For VA Life Insurance information related to Servicemembers' Group Life Insurance, Traumatic Servicemembers' Group Life Insurance, Family Servicemembers' Group Life Insurance, and Veterans' Group Life Insurance: 1-800-419-7473
- All other VA Life Insurance Programs: 1-800-669-8477

If you or somebody you know is experiencing a crisis, you can contact VA's Veterans Crisis Line at 1-800-273-TALK (1-800-273-8255).

[4] https://www.archives.gov/veterans/military-service-records

Record of Personal Affairs

The following is a guide to assist you in consolidating information that will be beneficial for your loved ones at the time of your passing. This information is for your personal use only and should not be submitted to VA.

Be sure to keep the following information in a secure location, as it will contain personally identifiable information.

My Record of Personal Affairs:

First	Middle	Last
Retired Military Grade	Branch of Service	SSN
Street Address	City/State	Zip Code
Service Number	Date of Entry and Date, Type, and Character of separated on from military	

Date and Place of Birth:

City, State, Zip	Month/Day/Year

Parents' Information:

Father _____

First Middle Last

Mother _____

First Middle Last

Children:

First	Middle	Last	DOB	SSN
First	Middle	Last	DOB	SSN
First	Middle	Last	DOB	SSN
First	Middle	Last	DOB	SSN

Your Marital History:

Your spouse's name	Spouse's SSN	Spouse's birthdate

Location of marriage (city, state/country)	Date of marriage

Your prior spouse's name (if applicable)	Date of prior marriage

Location of prior marriage (city, state/country)	Date/place/circumstance of end of marriage (if applicable)

Your *total* number of marriages	Your spouse's *total* number of marriages

Trusted Associates: List a personal lawyer or trusted friend who may be consulted in regard to personal or business affairs.

First	Middle	Last

Address	Phone	Email

Location of Family Records: List the physical location(s) where your family can find important documentation. Documents can include; birth certificates, adoption paperwork, marriage certificate, naturalization papers, divorce decrees, death certificates, tax documents, etc.

Your Will: Do you have a will? Circle one: **Yes** **No**

Location of Will | Executor's name & contact information

Lawyer's name and contact information

Power of Attorney: Personal, not VA assigned. Do you have a POA? Circle one: **Yes** **No**

Name of POA | Location of document

City, state zip | Phone

Bank Accounts: Include name of financial institution, name of joint account holders, account number, and phone number.

Credit Cards: Include name and phone number.

Location of Important Financial Documents: Include savings bonds, stocks, mutual funds, 401K, safe deposit box, etc.

Real Estate: If your family needs any assistance with your home loan, they can contact a VA Regional Loan Center at 1-877-827-3702 for assistance. You do not need a VA Loan to request assistance.

Primary Residence (address)

Mortgage Institution (If applicable) Location of physical Mortgage note

Property insurance (include company and policy number)

Investment Properties: Include address(es) and location of deed/note.

Vehicles owned: List the year, make, model and vehicle ID number (VIN) for each vehicle you own.

Life Insurance:

Circle the following types of insurance you have: **VA Life** **Government Employee** **Private Employer** **Private Life Insurance** **Mortgage Insurance**

List the insurance company, policy number, face value and payment option below.

Other Insurance: List any health, vehicle, or other insurance you have.

Annuities: Government and private.

Payable to (full name) | Monthly Amount

Address (city, state, zip) | Phone

Employer / Membership: If employed (or retired), list any survivor bene t that may be payable.

Employer | Survivor Benefit

City, state, zip | Phone

Membership in Organizations or Associations: List any organizations with which you are affiliated that may assist your survivors. Also list other local Veteran Service Organizations which may be of assistance.

Veterans Affairs Record: Survivors should contact VA at 1-800-827-1000 to report a death and discontinue benefits.

VA claim number (if applicable)

Social Security: Survivors should contact local SSA office to see if burial benefits are available.

Social Security monthly payment | Location of SSA papers

Retirement Pay: Civilian and/or military

Finance center | Current deposit location

Beneficiary or any unpaid retired pay | Relationship | Phone

Military Documents:

Location of DD-214 (separation papers)

Location of other military documents (awards, medical etc.)

Military Survivor/Casualty Assistance Officer: Active and retired military personnel.

Name and Location | Phone

Funeral and Burial Arrangements:

Funeral Location | Funeral director

Address | Phone

Church, Clergy or Desired Officiant:

Clergyperson/Officiant | Office Phone | Home Phone

Name of institution/organization | Address

For Those Who Wish to be interred in a VA National Cemetery:

Date of birth | Social Security Number | Rank / Branch of service

Date of entry into service | Date of separation | Service number

Other Suggestions or Wishes:

Wishes for Burial and Funeral Service Arrangements:

Name of resting place Phone

Hymns, psalms, scriptures, poetry, or special requests

Flowers / memorial (if in lieu of Flowers)

Memorial and remembrances Indicate emblem choice for VA Form 40-1330

Do you have a pre-paid burial/plot? Circle one: Yes No

Pallbearers:

Special instructions:

Obituary Biography:

Additional Considerations

Please ensure the following are conducted though proper legal channels.

- **Do you have a "do not resuscitate" (DNR) order? Yes No**
- **Do you have a living will / health directive? Yes No**

Checklist of Important Documents

The following may be needed by survivors:

☐ **Death Certificate (12 copies recommended) Location**:_____

☐ **Deceased's Birth Certificate** Location:_____

☐ **Spouse's Birth Certificate** Location:_____

☐ **Minor or Adult Dependent Children's Birth Certificate(s) Location**:_____

☐ **Marriage Certificate** Location:_____

☐ **Another Important Documents** Location:_____

Other resources and organizations that can assist you:

Completing VA Forms

Applying for any VA benefit requires that you complete an application form, and possibly additional forms. To ensure speedy and accurate processing of any claim for VA benefits, it is very important to complete these forms correctly. The following are sample copies of some VA forms previously mentioned in this document; you can reference these samples to see what a properly completed form may look like.

Tips on Completing VA Forms:

- Complete ***every item*** on the form, even if your answer is "not applicable", "none", or "0". Incomplete applications are one of the major avoidable causes of denials and delays in processing.
- The person claiming benefits (the "claimant"; for instance, the surviving spouse claiming death pension) ***must sign the form themselves***. VA cannot recognize private power-of- attorney agreements, and family members cannot sign documents for other family members.
- VA Forms are periodically updated; the forms you will fill out when you apply for benefits may not be identical to the samples in this booklet. Current VA forms can be obtained at www.va.gov/vaforms/ or at your local Veterans service office.

OMB Approved No. 2900-0098
Respondent Burden: 45 minutes
Expiration Date: 10/31/2021

Department of Veterans Affairs

VA DATE STAMP
(For VA Use Only)

DEPENDENTS' APPLICATION FOR VA EDUCATION BENEFITS

(Under Provisions of chapters 33 and 35, of title 38, U.S.C.)

INTERNET VERSION AVAILABLE - You may complete and submit your application online at: www.benefits.va.gov/gibill.

Request to Opt-Out of Information Sharing With Educational Institutions

☐ By checking the box, **I CERTIFY THAT THE DEPARTMENT OF VETERANS AFFAIRS (VA)** ***does not*** have my permission to share information about my veterans' education benefits with any educational institution. I understand that sharing my information with my school is intended to support the certification process and that "opting-out" may delay that process. See Information and Instructions on Page 7 for more information.

PART I - APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER	2. SEX OF APPLICANT	3. DATE OF BIRTH
123-45-9999	☐ MALE ☒ FEMALE	01/01/1946

4. NAME *(First name, middle initial, last name)*
Jessie, A., Soldier

5. CURRENT MAILING ADDRESS *(Number and street or rural route, city or P.O., State and ZIP Code)*
123 2nd St, Local Town, MN 11111

6. TELEPHONE NUMBER(S) *(Including Area Code)*

PRIMARY	SECONDARY
555-555-5555	555-777-5555

7. E-MAIL ADDRESS

8. DIRECT DEPOSIT *(Attach a voided personal check or provide the following information. See instructions for additional information.)*

ROUTING OR TRANSIT NUMBER	ACCOUNT TYPE	ACCOUNT NUMBER
2 2 2 2 1 1 1 1 1	☒ CHECKING ☐ SAVINGS	0 0 0 0 0 0 0 0 0 1 1 1 1

9. PLEASE PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED

A. NAME	B. ADDRESS	C. TELEPHONE NUMBER *(Include Area Code)*
Jessie, A., Soldier	123 2nd St, Local Town, MN 11111	555-555-5555

SAMPLE

PART II - QUALIFYING INDIVIDUAL INFORMATION

10. NAME OF QUALIFYING INDIVIDUAL (PARENT OR SPOUSE) ON WHOSE ACCOUNT BENEFITS ARE BEING CLAIMED *(First name, middle initial, last name)*
Jessie, A., Soldier

11. SOCIAL SECURITY NUMBER OR VA FILE NUMBER	12. BRANCH OF SERVICE	13. DATE OF BIRTH
12-345-5555	Army	10/29/1969

14A. DID PARENT OR SPOUSE DIE WHILE SERVING ON ACTIVE DUTY?	14B. DATE OF DEATH	14C. DATE LISTED AS MISSING IN ACTION OR P.O.W.
☒ YES ☒ NO *(If "Yes," is checked complete Item 14B)* *(If "No," is checked then you **do not** qualify for the Fry Scholarship)*	01/10/2001	

15. IS QUALIFYING INDIVIDUAL (PARENT OR SPOUSE) ON ACTIVE DUTY?
☒ YES ☐ NO

16. DO YOU (APPLICANT) OR THE QUALIFYING INDIVIDUAL (PARENT OR SPOUSE) HAVE AN OUTSTANDING FELONY AND/OR WARRANT?
☐ YES ☒ NO

PART III - RELATIONSHIP AND BENEFIT INFORMATION

17. YOUR RELATIONSHIP TO QUALIFYING INDIVIDUAL ***(Check only one)***

☒ **SPOUSE/SURVIVING SPOUSE**
*(Please complete only **Section I** on page 2, and then proceed to **Part V**)*

☐ **CHILD/STEPCHILD/ADOPTED CHILD**
*(Please complete only **Section II** on page 2, and then proceed to **Part V**)*

SECTION I - SPOUSE/SURVIVING SPOUSE

18. IS A DIVORCE OR ANNULMENT PENDING TO THE QUALIFYING INDIVIDUAL?	19. IF YOU ARE THE SURVIVING SPOUSE, HAVE YOU REMARRIED?
☐ YES ☒ NO	☐ YES ☒ NO *(If "Yes," please provide date of remarriage)* _____

SOCIAL SECURITY NUMBER OF APPLICANT 123-45-9999

SECTION I - SPOUSE/SURVIVING SPOUSE *(Continued)*

20. SPOUSE/SURVIVING SPOUSE SELECT THE BENEFIT THAT YOU ARE APPLYING FOR BELOW:

IMPORTANT ▶ **PLEASE CAREFULLY READ THE INFORMATION AND INSTRUCTIONS ON PAGE 5, ITEM 20 BEFORE SELECTING BOX "A" OR "B" BELOW REGARDING THE BENEFIT YOU ARE APPLYING FOR. THE INFORMATION AND INSTRUCTIONS ON PAGE 5 ALSO PROVIDE LINKS TO VA WEBSITES WHERE YOU WILL BE ABLE TO COMPARE "DEA" AND "FRY" BENEFITS. YOU WILL ALSO FIND OTHER ELIGIBILTIY RELATED INFORMATION THERE.**

☐ **A.** AS A SPOUSE OR SURVIVING SPOUSE BASED ON 100% PERMANENT AND TOTAL DISABILITY, SERVICE CONNECTED OR LINE OF DUTY DEATH, I AM APPLYING FOR CHAPTER 35 - DEA BENEFITS.

NOTE - BY CHECKING THIS BOX I ACKNOWLEDGE THAT I UNDERSTAND THIS ELECTION IS ***IRREVOCABLE*** AND MAY NOT BE CHANGED.

☒ **B.** AS A SURVIVING SPOUSE BASED ON LINE OF DUTY DEATH AFTER SEPTEMBER 10, 2001, I AM APPLYING FOR CHAPTER 33 - FRY SCHOLARSHIP BENEFITS.

NOTE - BY CHECKING THIS BOX I ACKNOWLEDGE THAT I UNDERSTAND THIS ELECTION IS ***IRREVOCABLE*** AND MAY NOT BE CHANGED.

SECTION II - CHILD/STEPCHILD/ADOPTED CHILD

21. CHILD/STEPCHILD/ADOPTED CHILD SELECT THE BENEFIT THAT YOU ARE APPLYING FOR BELOW:

IMPORTANT ▶ **PLEASE CAREFULLY READ THE INFORMATION AND INSTRUCTIONS ON PAGE 6, ITEM 21 BEFORE SELECTING BOX "A" OR "B" BELOW REGARDING THE BENEFIT YOU ARE APPLYING FOR. THE INFORMATION AND INSTRUCTIONS ON PAGE 5 ALSO PROVIDE LINKS TO VA WEBSITES WHERE YOU WILL BE ABLE TO COMPARE "DEA" AND "FRY" BENEFITS. YOU WILL ALSO FIND OTHER ELIGIBILTIY RELATED INFORMATION THERE.**

☐ **A.** I AM APPLYING FOR CHAPTER 35 - DEA BENEFITS.

NOTE - BY CHECKING THIS BOX I ACKNOWLEDGE THAT I UNDERSTAND THIS ELECTION IS ***IRREVOCABLE*** AND MAY NOT BE CHANGED.

Important - If your parent died in the line of duty prior to August 1, 2011, you may apply for ***both*** DEA and Fry Scholarship benefits.
If you are eligible for both Chapter 35 (DEA) and Chapter 33 (Fry Scholarship) benefits and you would like to use the Chapter 35 benefit first, check the box below.

☐ CHAPTER 35 - DEA

☒ **B.** I AM APPLYING FOR CHAPTER 33 - FRY SCHOLARSHIP BENEFITS.

NOTE - BY CHECKING THIS BOX I ACKNOWLEDGE THAT I UNDERSTAND THIS ELECTION IS ***IRREVOCABLE*** AND MAY NOT BE CHANGED.

Important - If your parent died in the line of duty prior to August 1, 2011, you may apply for ***both*** DEA and Fry Scholarship benefits.
If you are eligible for both Chapter 35 (DEA) and Chapter 33 (Fry Scholarship) benefits and you would like to use the Chapter 33 benefit first, check the box below.

☐ CHAPTER 33 - FRY SCHOLARSHIP

IMPORTANT: If you are over the age of 18 once you receive either the DEA or FRY SCHOLARSHIP benefits, you will no longer receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may no longer be claimed as a dependent in a Compensation claim. If you are under the age of 18, on your 18th birthday you will lose eligibility for DIC or Pension payments and you will no longer be claimed as a dependent in a Compensation claim.
CAREFULLY READ THE INFORMATION AND INSTRUCTIONS ON PAGE 6, ITEM 22 BEFORE COMPLETING THE ELECTION BOX BELOW. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

22. I CERTIFY THAT I UNDERSTAND THE EFFECTS THAT THIS ELECTION TO RECEIVE DEA OR FRY SCHOLARSHIP BENEFITS WILL HAVE ON MY ELIGIBILITY TO RECEIVE ***DIC OR PENSION*** BENEFITS ***(Please read Information and Instructions Page 6 for additional information)***

☒ YES ☐ NO

PART IV - BENEFIT AND TYPE OF EDUCATION OR TRAINING INFORMATION

23A. DATE YOU WILL BEGIN SCHOOL OR TRAINING *(MM/DD/YYYY)*

23B. TYPE OF EDUCATION OR TRAINING *(Check ONE box)*

☒ COLLEGE OR OTHER SCHOOL

☐ FARM COOPERATIVE

☐ LICENSING OR CERTIFICATION TEST

☐ APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING

☐ NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT

☐ CORRESPONDENCE COURSE

☐ FLIGHT TRAINING *(Fry Scholarship only)*

23C. **[DEA ONLY]** DO YOU HAVE A MENTAL OR PHYSICAL DISABILITY FOR WHICH YOU ARE SEEKING SPECIAL RESTORATIVE TRAINING? *(See Information and Instructions, Page 6, for details regarding restorative training)*

☐ YES

☒ NO

23D. **[DEA ONLY]** DO YOU HAVE A MENTAL OR PHYSICAL DISABILITY FOR WHICH YOU ARE SEEKING SPECIAL VOCATIONAL TRAINING? *(See Information and Instructions, Page 6, for details regarding special vocational training)*

☐ YES

☒ NO

SAMPLE

24. NAME AND ADDRESS OF SCHOOL OR TRAINING FACILITY *(Number and street or rural route, city or P.O., State and ZIP Code)*

222 W Pointe Road
Baylor, LA 70824

25. SPECIFY YOUR EDUCATION OR CAREER OBJECTIVE, IF KNOWN *(e.g., Bachelor of Arts in Accounting, Welding Certificate, Police Officer)*

Bachelor of Arts in Business Administration

26. WOULD YOU LIKE TO RECEIVE VOCATIONAL AND EDUCATIONAL COUNSELING? *(See Information and Instructions, Item 26 for more information regarding vocational and educational counseling)*

☒ YES ☐ NO

PART V - APPLICATION HISTORY

27. PRIOR TO THIS APPLICATION, HAVE YOU EVER APPLIED FOR OR RECEIVED ANY OF THE FOLLOWING VA BENEFITS? *(Check all appropriate boxes)*

A. ☐ DISABILITY COMPENSATION OR PENSION
B. ☐ DEPENDENTS' INDEMNITY COMPENSATION *(DIC)*
C. ☐ VOCATIONAL REHABILITATION BENEFITS *(Chapter 31)*
D. ☐ VETERANS EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE *(Specify benefit(s))*: _____
E. ☐ VETERANS EDUCATION ASSISTANCE BASED ON SOMEONE ELSE'S SERVICE
SPECIFY BENEFIT(S) BY CHECKING APPLICABLE BOX BELOW AND COMPLETE ITEMS 28 AND 29
☐ TRANSFERRED ENTITLEMENT
☐ CHAPTER 35 - SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM *(DEA)*
☐ CHAPTER 33 - POST-9/11 GI BILL MARINE GUNNERY SERGEANT DAVID FRY SCHOLARSHIP
F. ☒ NONE
G. ☐ OTHER *(Specify benefit(s):* _____

IMPORTANT: Complete Items 28 and 29 ***only*** if you checked the box for Item 27E above.

28. NAME OF INDIVIDUAL ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS *(First, Middle, Last)*

29. SOCIAL SECURITY NUMBER OF INDIVIDUAL ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS

123-45-9999

PART VI - APPLICANT'S MILITARY SERVICE INFORMATION

(NOTE: Chapter 35 benefits are not payable while an eligible person is on active duty)

30. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? *(If "No," skip to Part VII)*

☐ YES ☒ NO

31. INFORMATION ABOUT YOUR PERIOD(S) OF ACTIVE DUTY *(If you need additional space use Item 37, Remarks)*

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

PART VII - EDUCATION, TRAINING AND EMPLOYMENT

SECTION I - EDUCATION & TRAINING

32. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 33

☒ GRADUATED FROM HIGH SCHOOL ☐ DISCONTINUED HIGH SCHOOL ☐ NEVER ATTENDED HIGH SCHOOL
☐ EXPECT TO GRADUATE FROM HIGH SCHOOL ☐ AWARDED GED

33. DATE

34A. TYPE OF SCHOOL	34B. NAME AND LOCATION OF SCHOOL *(City and State)*	34C. DATES OF TRAINING FROM	34C. DATES OF TRAINING TO	34D. NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED	34E. DEGREE, DIPLOMA OR CERTIFICATE RECEIVED	34F. MAJOR FIELD OR COURSE OF STUDY
HIGH SCHOOL	A High School Your Town MN	09/07/1984	06/12/1986	60		
COLLEGE						
VOCATIONAL OR TRADE						
OTHER *(Specify)* _____ _____ _____						

SAMPLE

PART VII - EDUCATION, TRAINING AND EMPLOYMENT *(Continued)*

SECTION II - EMPLOYMENT

35. CURRENT AND PAST EMPLOYMENT

A. EMPLOYER	B. JOB TITLE	C. NUMBER OF MONTHS EMPLOYED	D. LICENSE OR RATING
Service Center	Clerk	74	Good

NOTE: Complete Items 36A and 36B ***only*** if you are a civilian employee of the U.S. Government.

36A. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSES FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? *(If "Yes," complete Item 36B)*

☐ YES ☒ NO

36B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT

PART VIII - REMARKS, REMINDERS AND VA EDUCATION BENEFITS PAMPHLET

SECTION I - REMARKS

37. REMARKS *(If more space is needed, please attach a separate sheet of paper. Be sure to include name and social security number on each sheet)*

SECTION II - REMINDERS

DID YOU REMEMBER TO:

- WRITE YOUR SOCIAL SECURITY NUMBER ON EACH PAGE
- WRITE YOUR COMPLETE MAILING ADDRESS
- ATTACH SUPPORTING DOCUMENTS *(e.g., birth certificate, marriage license, DD214, etc.)*

SECTION III - VA EDUCATION BENEFITS PAMPHLET

38. THE MOST CURRENT INFORMATION ON VA EDUCATION BENEFITS IS AVAILABLE ONLINE AT www.benefits.va.gov/gibill. IF YOU WOULD LIKE A COPY OF THE VA EDUCATION BENEFITS PAMPHLET PLEASE CHECK THE BOX. ☐

PART IX - CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

39A. SIGNATURE OF APPLICANT ***(DO NOT PRINT)***

SIGN HERE ► IN INK

39B. DATE SIGNED

PENALTY: Willfully false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

PART X - SIGNATURE OF PARENT, GUARDIAN OR CUSTODIAN

(This section must be completed by the parent, guardian, or custodian if the applicant is a minor)

40. NAME OF PARENT, GUARDIAN, OR CUSTODIAN *(First, Middle Initial, Last) (Type or print)*

41. MAILING ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN

Number and Street

Apt./Unit Number

City, State, ZIP Code

42A. TELEPHONE NUMBER(S) OF PARENT, GUARDIAN, OR CUSTODIAN *(Include Area Code)*

Primary: Secondary:

42B. E-MAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN *(If applicable)*

43A. SIGNATURE OF: ***(Check one)***

☐ PARENT ☐ GUARDIAN ☐ CUSTODIAN

SIGN HERE ► IN INK ***(DO NOT PRINT)***

43B. DATE SIGNED

SAMPLE

(Please retain these Information and Instructions Pages for future reference)

INFORMATION AND INSTRUCTIONS FOR COMPLETING THE DEPENDENTS' APPLICATION FOR VA EDUCATION BENEFITS (VA FORM 22-5490)

Do ***not*** use this form to apply for Veterans' education assistance based on your own service (chapters 30, 32, 33, 1606, or 1607) or vocational rehabilitation benefits (chapter 31). To apply for veterans' education assistance based on your own service, use VA Form 22-1990. To apply for vocational rehabilitation benefits, use VA Form 28-1900. VA forms are available at www.va.gov/vaforms.

INTERNET VERSION AVAILABLE - You may complete and submit this application on-line at **www.benefits.va.gov/gibill**. Click on "GI Bill: Apply for Benefits."

NOTE: The numbers on these Information and Instructions pages match the item numbers on this application. Items not mentioned are self-explanatory.

ITEM 8. The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. Please attach a voided personal check or deposit slip or provide the information requested below to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard, you must apply at **www.usdirectexpress.com** or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will address any questions or concerns you may have and encourage your participation in EFT.

ITEM 16. You will not be eligible to receive benefits for any period for which you or the qualifying individual on whose account you are claiming benefits has an outstanding felony warrant. Any benefits paid to you for such period will result in an overpayment and be subject to collection.

ITEM 17. If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C.§ 103(3)). Additional guidance on when VA recognizes marriages is available at http://www.va.gov/opa/marriage/.

ITEM 20. IMPORTANT - PLEASE READ THE INFORMATION BELOW BEFORE MAKING YOUR SELECTION IN ITEM 20A OR 20B REGARDING THE BENEFIT YOU ARE APPLYING FOR.

- To qualify for the Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship, you must be the surviving spouse of an individual who died in the line of duty while serving on active duty as a member of the Armed Forces after September 10, 2001.

- To qualify for Survivor's and Dependents' Educational Assistance (DEA) you must be either:

  (1) The spouse of a veteran who is permanently and totally disabled as a result of a service-connected disability, ***OR***
  (2) The spouse of an individual on active duty who has been listed as missing in action, captured in the line of duty by hostile force, forcibly detained or interned in the line of duty by hostile force, or forcibly detained or interned in the line of duty by a foreign government or power for more than 90 days, ***OR***
  (3) The surviving spouse ***or*** child of a veteran who died of a service-connected disability or who dies while a service-connected disability was rated permanent and total in nature, ***OR***
  (4) The surviving spouse of an individual on active duty for which the evidence shows that the individual is hospitalized for receiving outpatient medical care services or treatment; has a total disability permanent in nature incurred or aggravated in the line of duty in the active military, naval, or air service; and the service person is likely to be discharged or released from such service for such disability.

NOTE: If you are eligible for both Chapter 35 Survivors' and Dependents' Educational Assistance Program (DEA) and Chapter 33 Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship) benefits, you must relinquish/give up entitlement to one or the other benefit for which you are eligible, **even if entitlement arises from separate events**. In other words, you must forfeit eligibility to the other benefit even if your eligibility is due to:

- A separate Period of Service (POS) other than the one for which the death of the spouse is associated; ***OR***
- A separate POS other than the one for which your spouse has a total disability permanent in nature resulting from a service-connected disability; ***OR***
- A separate POS based on any other criteria as listed in 38 U.S.C. § 3501(a)(1); ***OR***
- Death of any other individual identified in Item 10 of this application.

IMPORTANT: You cannot retain eligibility for both programs simultaneously. Therefore, by checking either box "A" or box "B" in Item 20, you agree and understand that you are making an ***irrevocable*** election to receive the selected benefit and your election may not be changed.

IMPORTANT: Eligibility for (DEA) will be terminated in the event that VA determines that the individual on whose account benefits are claimed is no longer totally disabled or VA is notified that the individual is no longer listed as captured, missing in action, or forcibly detained.

Note: Before making your election selection, you can compare the differences between (DEA) and (FRY), and the benefits each provide in order to help you make the best choice that suits your needs.This benefit comparison information can be found on the VA website at: https://www.benefits.va.gov/gibill/docs/factsheets/fry_scholarship.pdf. You can also find additional information about each program by visiting the GI Bill website at: https://benefits.va.gov/gibill/ and using the comparison tool.

INFORMATION AND INSTRUCTIONS *(Continued)*

ITEM 21. IMPORTANT - PLEASE READ THE INFORMATION BELOW BEFORE MAKING YOUR SELECTION IN ITEM 21A OR 21B REGARDING THE BENEFIT YOU ARE APPLYING FOR.

- To qualify for the Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship, you must be the dependent child of an individual who died in the line of duty while serving on active duty as a member of the Armed Forces after September 10, 2001.

- To qualify for Survivor's and Dependents' Educational Assistance (DEA) you must be either:

  (1) The child of a veteran who is permanently and totally disabled as a result of a service-connected disability; ***OR***
  (2) The child of an individual on active duty who has been listed as missing in action, captured in the line of duty by hostile force, forcibly detained or interned in the line of duty by hostile force, or forcibly detained or interned in the line of duty by a foreign government or power for more than 90 days, ***OR***
  (3) The child of a veteran who died of a service-connected disability or who dies while a service-connected disability was rated permanent and total in nature, ***OR***
  (4) The child of an individual on active duty for which the evidence shows that the individual is hospitalized for receiving outpatient medical care services or treatment; has a total disability permanent in nature incurred or aggravated in the line of duty in the active military, naval, or air service; and the service person is likely to be discharged or released from such service for such disability.

PARENT'S DEATH PRIOR TO AUGUST 1, 2011 -

- The election you choose in Item 21 ***does not*** eliminate your eligibility for the alternate education benefit (either Survivor's and Dependents' Educational Assistance (DEA) and the Chapter 33 Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship)) based on the same event (i.e., your parent's line of duty death that occurred prior to August 1, 2011).

PARENT'S DEATH ON OR AFTER AUGUST 1, 2011 -

- The election you choose in Item 21 ***does*** eliminate your eligibility for the alternate education benefit (either Survivors' and Dependents' Educational Assistance Program (DEA) and the Chapter 33 Post-9/11 GI Bill Marine Sergeant John David Fry Scholarship (Fry Scholarship)), based on the same event (i.e., your parent's line of duty death that occurred on or after August 1, 2011). Therefore, you must relinquish/give up eligibility entitlement to the benefit that you are ***not*** applying for **but only with regard to the entitlement arising from the same event** (i.e., your parent's line of duty death that occurred on or after August 1, 2011). By checking either box "A" or box "B" in Item 21, you agree and understand that you are making an ***irrevocable*** election to receive the selected benefit and your election may not be changed.

IMPORTANT: Unlike spouses, children may be able to retain eligibility for both programs simultaneously if they qualify under different events and individuals (i.e., a separate parent's line of duty death that occurred on or after August 1, 2011).
IMPORTANT: Eligibility for (DEA) will be terminated in the event that VA determines that the individual on whose account benefits are claimed is no longer totally disabled or VA is notified that the individual is no longer listed as captured, missing in action, or forcibly detained.

NOTE: Before making your election selection, you can compare the differences between (DEA) and (FRY), and the benefits each provide in order to help you make the best choice that suits your needs. This benefit comparison information can be found on the VA website at: https://www.benefits.va.gov/gibill/docs/factsheets/fry_scholarship.pdf. You can also find additional information about each program by visiting the GI Bill website at https://benefits.va.gov/gibill/, and using the comparison tool.

ITEM 22. Your election to receive Survivors' and Dependents' Education Assistance (DEA) or Chapter 33 Post-9/11 GI Bill Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship) in lieu of payments of compensation, pension, and Dependents' Indemnity Compensation (DIC) is final and cannot be changed. This means that if you are 18 years old, payments of compensation, pension, and Dependents' Indemnity Compensation (DIC) will be terminated upon issuance of a DEA or Fry Scholarship benefit payment. If you are under the age of 18, these benefits will be terminated on your 18th birthday. If you are planning to pursue a program of education for more than 36 months, you should consider deferring receipt of DEA or Fry Scholarship benefits. We strongly recommend that you discuss your education or training plans with a VA counselor before making a decision.

ITEM 23B. Types of education or training programs are self-explanatory, except for the following:
"Licensing or Certification Test" - A "licensing test" is a test offered by a state, local, or federal agency that is required by law to practice an occupation. A "certification test" is a test designed to provide affirmation of an individual's qualifications in a specific occupation.

"National Admission Exams or National Exams for Credit" - You may be reimbursed for the cost of approved tests for admission to or credit at institutions of higher learning.

"Correspondence Course" - You may receive benefits for correspondence training. Payments for correspondence courses are made quarterly after VA receives a certification showing the number of lessons completed. For more information on correspondence courses, you can go to the VA website at: **https://www.benefits.va.gov/gibill/correspondence_training.asp**.

"Flight Training" - You must already have a private pilot's license. If you are taking an Airline Transport Pilot course, you must have a valid first-class medical certificate on the date that you enter training. For all other flight courses, you must have a valid second-class medical certificate on the date that you enter training.

ITEMS 23C AND 23D - Any individual eligible under the Survivors' and Dependents' Educational Assistance program may receive Special Restorative Training or Specialized Vocational Training if a VA counselor determines that a specialized program is needed to overcome the effects of a physical or mental handicap. To be eligible for receipt of specialized training, the disability must prevent you from pursuing an educational program. Examples of Special Restorative Training include speech and voice correction, language retraining, lip reading, and Braille reading and writing. Specialized Vocational Training consists of specialized courses leading to a suitable vocational objective.

ITEM 26 - VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE: VA offers a wide range of services to assist you in planning your educational and/or career goals. Services include educational and vocational guidance and testing to develop a greater understanding of your skills, talents and interests. For more information on VA counseling, call VA toll-free at 1-888-GIBILL-1 (1-888-442-4551) or if you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711.

HOW TO FILE YOUR CLAIM

You may complete and submit your application online at www.benefits.va.gov/gibill or be sure to do the following:

(A) If you have selected a school or training establishment:

Step 1: Mail the completed application to the VA Regional Processing Office for the region of that school's physical address. See page 8 for addresses of the VA Regional Processing Offices.

Step 2: Tell the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to submit your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

Step 3: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

(B) If you have not selected a school or training establishment:

Step 1: Mail the completed application to the VA Regional Processing Office for the region of your home address. Check page 8 for addresses of the VA Regional Processing Offices.

Step 2: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

REQUEST TO OPT-OUT OF INFORMATION SHARING WITH EDUCATIONAL INSTITUTIONS

The Harry W. Colmery Veterans Educational Assistance Act of 2017 (Public Law 115-48), also known as the "Forever GI Bill," requires the Department of Veterans Affairs (VA) to make available to educational institutions information about the amount of educational assistance to which a veteran or other individual is entitled. However, you may elect to "opt-out" of these disclosures and have VA withhold this information instead.

ADDITIONAL HELP COMPLETING APPLICATION

If you need additional help completing this application or you want information about the work-study program, call VA toll-free at 1-888-GIBILL-1 (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. You can also get more information about education assistance from our education Internet site at www.benefits.va.gov/gibill.

CONTACT VA FROM OVERSEAS

Students and School Certifying Officials calling from outside the United States can contact VA by phone at: 001-918-781-5678 during business hours, 7 a.m. - 6 p.m. CST, Monday - Friday. This is not a toll-free number but the caller will be routed to the next available customer service representative. Non-overseas customers should call the toll-free number shown in "Additional Help Completing Application".

Eastern Region: VA Regional Office P. O. Box 4616 Buffalo, NY 14240-4616			
SERVES THE FOLLOWING STATES			
CT	DE	DC	MA
MD	ME	NC	NH
NJ	NY	PA	RI
VA	VT	US Virgin Islands	Foreign Schools
APO/FPO AA			

Western Region: VA Regional Office P. O. Box 8888 Muskogee, OK 74402-8888			
SERVES THE FOLLOWING STATES			
AK	AL	AR	AZ
CA	FL	GA	HI
ID	LA	MS	NM
NV	OK	OR	PR
SC	TX	UT	WA
Guam	Philippines	APO/FPO AP	

Central Region: VA Regional Office P. O. Box 32432 St. Louis, MO 63132-0832			
SERVES THE FOLLOWING STATES			
CO	IA	IL	IN
KS	KY	MI	MN
MO	MT	NE	ND
OH	SD	TN	WV
WI	WY		

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., awards of benefits) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits allowable under the law. While you do not have to respond, VA cannot process your claim for benefits unless the information is furnished as required by existing law (38 U.S.C. 3513). The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your eligibility for education benefits (38 U.S.C. 3513). Title 38 U.S.C. allows us to ask for this information. We estimate that you will need an average of 45 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **http://www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.

OMB Approved No. 2900-0055
Respondent Burden: 15 Minutes
Expiration Date: 12/31/2022

Department of Veterans Affairs

REQUEST FOR DETERMINATION OF LOAN GUARANTY ELIGIBILITY - UNMARRIED SURVIVING SPOUSES

IMPORTANT: Please read the Privacy Act and Respondent Burden information on page 2 before completing the form.

IMPORTANT: Complete this form if applying for home loan benefits as an unmarried surviving spouse of a veteran whose death was service-connected. (Note: In some cases, surviving spouses who remarry on or after age 57 may have eligibility.) DO NOT complete this form if requesting restoration of previously used home loan benefit entitlement. Instead, complete VA Form 26-1880, Request for a Certificate of Eligibility. Please send your completed application to the appropriate address shown on Page 2.

IMPORTANT: If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you become eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at http://www.va.gov/opa/marriage/.

PART I - *(To be completed by the applicant)*

1A. NAME AND ADDRESS OF APPLICANT *(Unmarried surviving spouse)* Susie Q. Marine 123 2nd St. Local Town, MN 11111	3A. FIRST, MIDDLE, LAST NAME OF VETERAN Joe Sam Marine 3B. VETERAN'S DATE OF BIRTH 01/01/1922
1B. APPLICANT'S SOCIAL SECURITY NUMBER 00001020304	3C. VETERAN'S SOCIAL SECURITY NUMBER 123456789
1C. APPLICANT'S DAYTIME TELEPHONE NO. *(Including area code)* 1000033440	4. VA FILE NO. XC- 12459990 5. LOCATION OF VA CLAIMS FILE *(If known)*
1D. APPLICANT'S EMAIL ADDRESS *(If applicable)* Marine@Corps.com	6. VETERAN'S SERVICE NO. 78787878 7. VETERAN'S BRANCH OF SERVICE Army
1E. APPLICANT'S DATE OF BIRTH 02/02/1923	8. DATE OF VETERAN'S DEATH 01/01/2000

NOTE: If you are a veteran please complete Items 2A, 2B and 2C.

2A. BRANCH OF SERVICE Marines	2B. SERVICE NUMBER 654321	9. PERIODS OF DECEASED VETERAN'S MILITARY DUTY A. FROM 01/01/1941	B. TO 07/15/1966
2C. PERIODS OF SERVICE 08/15/1941-11/02/1963			

10A. ARE YOU IN RECEIPT OF VA DEPENDENCY AND INDEMNITY COMPENSATION? ☒ YES ☐ NO *(If "YES," complete Item 10B)*	10B. VA CLAIM NUMBER
11. HAVE YOU PREVIOUSLY APPLIED FOR DETERMINATION OF YOUR ELIGIBILITY FOR LOAN GUARANTY BENEFITS? ☒ YES ☐ NO	12. HAVE YOU PREVIOUSLY RECEIVED A CERTIFICATE OF ELIGIBILITY FOR SUCH BENEFITS? ☒ YES ☐ NO

13. HAVE YOU PREVIOUSLY SECURED A VA DIRECT, GUARANTEED OR INSURED LOAN? ☐ YES ☒ NO *(If "YES," complete Items 14, 15, and 16)*	14. ADDRESS OF PROPERTY	15. VA LOAN NUMBER	16. DATE OF LOAN (Month, Year)

17. INDICATE WHAT YOU ARE SEEKING A VA-GUARANTEED HOME LOAN FOR *(Check appropriate box)*:

☒ PURCHASE LOAN ☐ CASH OUT REFINANCE LOAN ☐ INTEREST RATE REDUCTION REFINANCE LOAN

CERTIFICATION: I CERTIFY THAT the above information is true and accurate to the best of my knowledge and belief.

18A. SIGNATURE OF APPLICANT *(Unmarried surviving spouse)* /s/	18B. DATE SIGNED 11/24/2001

Federal statutes provide severe penalties for fraud, intentional misrepresentation or criminal connivance or conspiracy to influence the issuance of my guaranty or insurance or the granting of any loan by the Department of Veterans Affairs.

PART II - FOR VA USE ONLY

SECTION A

TO *(Complete address)*	Adjudication Officer Department of Veteran Affairs Regional Office/Center	**RETURN TO** *(After completion of Section B)*	Loan Guaranty Officer Department of Veterans Affairs Regional Office/Center

The foregoing request for determination of eligibility is forwarded to you for appropriate action and completion of Section B.	19A. SIGNATURE OF LOAN GUARANTY OFFICER OR DESIGNEE	19B. DATE SIGNED

SECTION B

20A. CHECK APPROPRIATE BOX ☐ THE ABOVE NAMED DECEASED VETERAN SERVED ON ACTIVE DUTY AS DEFINED IN 38 U.S.C. 101(21) AND SERVED DURING A PERIOD OF SERVICE SPECIFIED IN 38 U.S. C. 3702 AND MEETS THE DEFINITION OF VETERAN AS SPECIFIED IN TITLE 38 U.S.C. 3701. THE ABOVE NAMED APPLICANT IS RECOGNIZED AS THE UNMARRIED SURVIVING SPOUSE. ☐ APPLICANT IS NOT ELIGIBLE *(If checked, complete Item 20B)*	20B. REASON APPLICANT NOT ELIGIBLE

21. SIGNATURE	22. TITLE	23. DATE

VA FORM DEC 2019 **26-1817** SUPERSEDES VA FORM 26-1817, FEB 2017, WHICH WILL NOT BE USED.

Page 1

SAMPLE

If you live in:	Please send your completed application to:
Georgia, North Carolina, South Carolina, Tennessee	Department of Veterans Affairs Atlanta Regional Loan Center P.O. Box 100023 Decatur, GA 30031-7023
Connecticut, Delaware, Indiana, Maine, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont	Department of Veterans Affairs Cleveland Regional Loan Center 1240 East Ninth Street Cleveland, OH 44199
Alaska, Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming	Department of Veterans Affairs Denver Regional Loan Center P.O. Box 25126 Denver, CO 80225
Hawaii, Guam, American Samoa Commonwealth of the Northern Marianas	Department of Veterans Affairs VA Regional Office Loan Guaranty Division (26) 459 Patterson Road Honolulu, HI 96819
Arkansas, Louisiana, Oklahoma, Texas	Department of Veterans Affairs Houston Regional Loan Center 6900 Almeda Road Houston, TX 77030-4200
Arizona, California, New Mexico, Nevada	Department of Veterans Affairs Phoenix Regional Loan Center 3333 N. Central Avenue Phoenix, AZ 85012-2402
District of Columbia, Kentucky, Maryland,Virginia, West Virginia	Department of Veterans Affairs Roanoke Regional Loan Center 210 Franklin Road, S.W. Roanoke, VA 24011
Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	Department of Veterans Affairs St. Paul Regional Loan Center 1 Federal Drive, Ft. Snelling St. Paul, MN 55111-4050
Alabama, Florida, Mississippi, Puerto Rico, U.S. Virgin Islands	Department of Veterans Affairs St. Petersburg Regional Loan Center 9500 Bay Pines Boulevard St. Petersburg, FL 33744

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (e.g., to a member of Congress inquiring on behalf of a veteran) as identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records - VA, published in the Federal Register. Your obligation to respond is required in order to determine the surviving spouse's qualifications for a loan. Giving us your SSN account information is voluntary. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

RESPONDENT BURDEN: We need this information to determine a surviving spouse's qualifications for a VA-guaranteed home loan. Title 38, U.S. C., section 3702 authorizes collection of this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

OMB Number 2900-0219
Estimated Burden: 10 minutes
Expiration Date: 01/31/2017

Department of Veterans Affairs

Application for CHAMPVA Benefits

Chief Business Office Purchased Care	CHAMPVA Eligibility	PO Box 469028	Denver, CO 80246-9028	Customer Service Center 1-800-733-8387	FAX 303-331-7809

Attention: Please review the instructions on the reverse side and then complete this form in its entirety (print or type only). Return the form and any additional requested information to the address shown above. If applicants indicate in Section II that they have Medicare or Other Health Insurance, each applicant must submit a VA Form 10-7959c. If additional space is needed complete another 10-10d Application for CHAMPVA Benefits, submit and sign.

Section I - Sponsor Information

Veteran's Last Name	First Name	MI	Social Security Number	VA File Number (Claim Number)
Soldier	Josephine	A	123-45-6789	

Street Address	City	State	Zip Code
123 1st Avenue	Your Town	AM	11111-1111

Telephone Number (include area code)	Date of Birth (mm-dd-yyyy)	Date of Marriage (mm-dd-yyyy)
(987) 666-5555	03-17-1962	06-15-1988

Is veteran deceased?	If yes → If no go to sect. II	Date of Death (mm-dd-yyyy)	Did veteran die while on active military service?
☒ Yes ☐ No		11-15-2001	☒ Yes ☐ No

Section II - Applicant Information (if necessary, continue on additional 10-10d and complete in its entirety)

Last Name	First Name	MI	Social Security Number	Sex
Soldier	Frank	A	133-33-6789	☒ Male ☐ Female

Email Address	Street Address	City	State	Zip Code
Soldier@something.com	123 1st Avenue	Your Town	AM	11111-1111

Telephone Number (include area code)	Date of Birth (mm-dd-yyyy)	Enrolled in Medicare? ☒ Yes ☐ No (If yes, complete VA Form 10-7959c and attach a copy of Medicare Card)	Other Health Insurance? ☐ Yes ☐ No (If yes, complete VA Form 10-7959c and attach a copy of Insurance card)	Relationship to the veteran (i.e., spouse, child, stepchild)
(987) 666-5555	07-12-1966			Husband

Last Name	First Name	MI	Social Security Number	Sex
Soldier	Christopher		787-44-1698	☒ Male ☐ Female

Email Address	Street Address	City	State	Zip Code
Soldier@something.com	123 1st Avenue	Your Town	AM	11111-1111

Telephone Number (include area code)	Date of Birth (mm-dd-yyyy)	Enrolled in Medicare? ☐ Yes ☒ No (If yes, complete VA Form 10-7959c and attach a copy of Medicare Card)	Other Health Insurance? ☐ Yes ☒ No (If yes, complete VA Form 10-7959c and attach a copy of Insurance card)	Relationship to the veteran (i.e., spouse, child, stepchild)
(987) 666-5555	10-09-1995			Child

Last Name	First Name	MI	Social Security Number	Sex
				☐ Male ☐ Female

Email Address	Street Address	City	State	Zip Code

Telephone Number (include area code)	Date of Birth (mm-dd-yyyy)	Enrolled in Medicare? ☐ Yes ☐ No (If yes, complete VA Form 10-7959c and attach a copy of Medicare Card)	Other Health Insurance? ☐ Yes ☐ No (If yes, complete VA Form 10-7959c and attach a copy of Insurance card)	Relationship to the veteran (i.e., spouse, child, stepchild)

Section III - Certification

Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting false, fictitious, or fraudulent statements or claims

I declare under penalty of perjury that the foregoing is true and accurate to the best of my knowledge. I understand that any materially false, fictitious, or fraudulent statement or representation, made knowingly, is punishable by a fine and/or imprisonment pursuant to title 18, United States Code, Sections 287 and 1001 (Sign and date on right). *If certification is signed by a person other than an applicant, complete the following:*

Signature	Date
X	11-22-2017

Last Name	First Name	MI	Telephone Number (include area code)	Relationship to Applicant(s)
Soldier	Frank	A	(987) 666-5555	Husband

Street Address	City	State	Zip Code
123 1st Avenue	Your Town	AM	11111-1111

VA FORM JUL 2014 **10-10d**

SUPERSEDES VA FORM 10-10D, JUN 2010, WHICH WILL NOT BE USED

SAMPLE

Notice: Termination of marriage by divorce or annulment to the qualifying sponsor ends CHAMPVA eligibility as of midnight on the effective date of the dissolution of marriage. Changes in status should be reported immediately to CHAMPVA, ATTN: Eligibility Unit, PO Box 469028, Denver, CO 80246-9028 or call 1-800-733-8387.

Privacy Act Information: The authority for collection of the requested information on this form is 38 USC 501 and 1781. The purpose of collecting this information is to determine your eligibility for CHAMPVA benefits. The information you provide may be verified by a computer matching program at any time. You are requested to provide your social security number as your VA record is filed and retrieved by this number. You do not have to provide the requested information on this form but if any or all of the requested information is not provided, it may delay or result in denial of your request for CHAMPVA benefits. Failure to furnish the requested information will have no adverse impact on any other VA benefit to which you may be entitled. The responses you submit are considered confidential and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records number 54VA16, titled "Health Administration Center Civilian Health and Medical Program Records -VA", as set forth in the Compilation of Privacy Act Issuances via online GPO access at **http://www.gpoaccess.gov/privacyact/index.html**. For example, information including your Social Security number may be disclosed to contractors, trading partners, health care providers and other suppliers of health care services to determine your eligibility for medical benefits and payment for services.

The Paperwork Reduction Act: This information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing the burden, may be addressed by calling the CHAMPVA Help Line, 800-733-8387. Respondents should be aware that nothwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. The purpose of this data collection is to determine eligibility for CHAMPVA benefits.

Application for CHAMPVA Benefits – Important Notes and Definitions

CHAMPVA Eligibility Criteria

The following persons are eligible for CHAMPVA benefits, **providing they are *NOT* eligible for DoD's TRICARE benefits:**

- ***the spouse or child of a veteran who has been rated by a VA regional office as having a permanent and total service-connected condition/disability;***
- ***the surviving spouse or child of a veteran who died as a result of a VA-rated service-connected condition; or who, at the time of death, was rated permanently and totally disabled from a service-connected condition; and***
- ***the surviving spouse or child of a person who died in the line of duty and not due to misconduct.***

Medicare Impact. If you are eligible or become eligible for Medicare Part A and you are under age 65, you MUST have Part B to be covered by CHAMPVA. Effective October 1, 2001, CHAMPVA benefits were extended to beneficiaries age 65 or older. If you are eligible for Medicare Part A and you are age 65 or older, you are required to have Part B to be covered by CHAMPVA if your 65th birthday was on or after June 5, 2001, or if you were already enrolled in Part B prior to June 5, 2001.

VA FORM JUL 2014 10-10d **SUPERSEDES VA FORM 10-10D, JUN 2010, WHICH WILL NOT BE USED**

Eligibility Definitions

Service-connected condition/disability – Refers to a VA determination that a veteran's illness or injury was incurred or aggravated while on active duty in military service and resulted in some degree of disability.

Sponsor – Refers to the veteran upon whom CHAMPVA eligibility for the applicant is based.

Spouse – Refers to a person who is married to or is a widow(er) of an eligible CHAMPVA sponsor. If you are certifying that a person is your spouse for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse reside when you file your claim (or at a later date when you become eligible for benefits) (38 U.S.C. 103(c)). Additional guidance on when VA recognizes marriages is available at ***http://www.va.gov/opa/marriage/***. If the spouse remarries prior to age 55, CHAMPVA benefits end on the date of the remarriage. Effective February 4, 2003, if the spouse remarries on or after age 55, CHAMPVA benefits continue. Additionally, in some instances, a remarried surviving spouse whose remarriage is either terminated by death, divorce or annulment is CHAMPVA eligible when supported by a copy of the appropriate documentation (death certificate/divorce decree/annulment certification).

Child – Includes legitimate, adopted, illegitimate, and stepchildren. To be eligible, the child must be unmarried and: 1) under the age of 18; or 2) who, before reaching age 18, became permanently incapable of self-support as rated by a VA regional office; or 3) who, after reaching age 18 and continuing up to age 23, is enrolled in a full-time course of instruction at an approved educational institution---school certification required (see below).

NOTE: Except for stepchildren, the eligibility of children is not affected by divorce or remarriage of the spouse or surviving spouse.

School Certification

In order to extend CHAMPVA benefits to students age 18 to 23, school certification of full-time enrollment must be submitted by the college, vocational or high school, etc. Student status for CHAMPVA purposes is established up to a full school term based on the initial enrollment letter from the accredited education institution, that is, four years (4) for traditional schooling programs, two years (2) for technical schooling programs. School certification for each term or a full year is required for recertification of full time attendance until graduation or age 23. For high schools, this period is the normal beginning and ending school year.

School certification letters should be on school letterhead and include:

- Student's full name
- Student's Social Security number (SSN)
- Exact beginning date and projected graduation date
- Number of semester hours or equivalent (high schools excluded)
- Certification of full-time status

School generated forms are acceptable as long as they provide the above information. While certifications submitted in a foreign language are acceptable, additional time will be required for translation. Certifications may be submitted by mail to the address on the front or by FAX to 1-303-331-7809.

NOTE: It is important to notify the Chief Business Office Purchased Care of any change in student status such as withdrawal or change from full-time to part-time status. School vacation periods, holidays, and summer breaks (providing the student attends school on a full-time basis both before and after the summer break) are not considered an interruption in full-time attendance and will not create a break in CHAMPVA eligibility.

GENERAL INFORMATION SHEET

CLAIM FOR STANDARD GOVERNMENT HEADSTONE OR MARKER

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. VA cannot conduct or sponsor a collection of information unless it has a valid OMB number. Your obligation to respond is voluntary, however, your response is required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send claims for benefits to this address.

PRIVACY ACT - VA considers the responses you submit confidential (38 U.S.C. 5701). VA may only disclose this information outside the VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 48VA40B, published in the Federal Register. VA considers the requested information relevant and necessary to determine maximum benefits under the law.

BENEFIT PROVIDED

a. BURIAL HEADSTONE OR MARKER

Only for Veterans who died on or after November 1, 1990 - Furnished for the grave of any eligible deceased Veteran and provided for placement in private and local government cemeteries regardless of whether or not the grave is marked with a privately-purchased headstone or marker.

Only for Veterans who died before November 1, 1990 - Furnished for the **UNMARKED GRAVE** of any eligible deceased Veteran. The applicant must certify that a privately-purchased headstone or marker or Government-furnished headstone or marker is not present on the grave.

b. MEMORIAL HEADSTONE OR MARKER - Furnished to commemorate an eligible deceased Veteran whose remains have not been recovered or identified, were buried at sea, donated to science, or cremated and the remains scattered. VA will only furnish a memorial headstone or marker after the disposition of the Veteran's remains. A memorial headstone or marker **must be placed in an established cemetery**, and will not be used as a memento. For a memorial headstone or marker please check box in block 34 and explain the disposition of the remains in block 33.

c. MEDALLION - Eligible deceased Veterans may receive a Government-furnished headstone or marker, or a medallion, but not both. *If requesting a medallion, please use **VA Form 40-1330M, Claim for Government Medallion for Placement in a Private Cemetery**.*

d. PRESIDENTIAL MEMORIAL CERTIFICATE - A Presidential Memorial Certificate (PMC) is an engraved paper certificate, signed by the current president, to honor the memory of Veterans discharged under other than dishonorable conditions. If the Veteran is eligible for a headstone, marker, or medallion, one PMC will automatically be provided unless otherwise specified. Additional PMCs may be requested by indicating how many in block 22 of this form.

WHO IS ELIGIBLE - Any deceased Veteran who was discharged under conditions other than dishonorable or any Servicemember of the Armed Forces of the United States who dies on active duty may be eligible. Please attach a copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing qualifying military service. If you are unable to locate copies of military records, apply anyway, as VA will attempt to obtain records necessary to make an eligibility determination. **Do not send original documents**; they will not be returned. **Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty**. Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; please submit a copy of the Reserve Retirement Eligibility Benefits Letter with the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible. Service prior to World War I requires detailed documentation, e.g., muster rolls, extracts from State files, military or State organization where served, pension or land warrant, etc.

WHO CAN APPLY - Federal regulation defines "applicant" for a **Burial Headstone or Marker** that will mark the gravesite or burial site of an eligible deceased individual as:

(i) A decedent's family member, which includes the decedent's spouse or individual who was in a legal union as defined in 38 CFR 3.1702(b)(1)(ii) with the decedent; a child, parent, or sibling of the decedent, whether biological, adopted, or step relation; and any lineal or collateral descendant of the decedent;
(ii) A personal representative, defined as a family member or other individual who has identified himself or herself as the person responsible for making decisions concerning the interment of the remains of or memorialization of a deceased individual;
(iii) A representative of a Congressionally-chartered Veterans Service Organization;
(iv) An individual employed by the relevant state, tribal organization, or local government whose official responsibilities include serving veterans and families of veterans, such as a state or county veterans service officer;
(v) Any individual who is responsible, under the laws of the relevant state or locality, for the disposition of the unclaimed remains of the decedent or for other matters relating to the interment or memorialization of the decedent; or
(vi) Any individual, if the dates of service of the veteran to be memorialized, or on whose service the eligibility of another individual for memorialization is based, ended prior to April 6, 1917.

Federal regulation defines "applicant" for a **Memorial Headstone or Marker** to commemorate an eligible individual as a member of the decedent's family, which includes the decedent's spouse or individual who was in a legal union as defined in 38 CFR 3.1702(b)(1)(ii) with the decedent; a child, parent, or sibling of the decedent, whether biological, adopted, or step relation; and any lineal or collateral descendant of the decedent.

HOW TO SUBMIT A CLAIM

FAX VA Form 40-1330 claims and supporting documents to **1-800-455-7143**.
IMPORTANT: If faxing more than one claim - fax each claim package (claim plus supporting documents) individually, i.e., disconnect the call and redial for each submission.

MAIL claims to: **Memorial Products Service (41B)**
Department of Veterans Affairs
5109 Russell Road
Quantico, VA 22134-3903

SIGNATURES REQUIRED - The applicant signs in block 23; the person agreeing to accept delivery (consignee) in block 28, and the cemetery or other responsible official in block 30. If there is no official on duty at the cemetery, the signature of the person responsible for the property listed in block 27 is required. Entries of "None," "Not Applicable," or "NA" will not be accepted. State Veterans' Cemeteries are not required to complete blocks 25, 26, 27, 28 or 29.

ASSISTANCE NEEDED - Should you have questions when filling out this form, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or via e-mail at **mps.headstones@va.gov**. If additional assistance is needed to complete this claim, contact the nearest VA Regional Office, national cemetery, or a local veterans' organization. No fee should be paid in connection with the preparation of this claim. Use block 33 for any clarification or other information you wish to provide.

TRANSPORTATION AND DELIVERY OF MARKER - The headstone or marker is shipped without charge to the consignee designated in block 25 of the claim. The truck driver is required to bring the pallet or monument to the end of the trailer. The consignee must utilize their equipment to unload the pallet or monument from the truck. **Deliveries will not be made to a Post Office box.** You must provide the full delivery address and telephone number of the consignee. Please explain in block 33 if the consignee is not a business. For delivery to a Rural Route address, you must include a daytime telephone number including area code in block 26. If you fail to include the required address and telephone number, we will not deliver the marker. The Government is not responsible for costs to install or remove the headstone or marker in private cemeteries.

CAUTION - *To avoid delays in the production and delivery of the headstone or marker, please check carefully to be sure you have accurately furnished all required information before faxing or mailing the claim. If inaccurate information is furnished, it may result in an incorrectly inscribed headstone or marker. Headstones and markers furnished remain the property of the United States Government and may not be used for any purpose other than to be placed at an eligible individual's grave or in a memorial section within a cemetery.*

DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.

VA FORM DEC 2017 **40-1330** **ALL PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE.**

ILLUSTRATIONS OF STANDARD GOVERNMENT HEADSTONES AND MARKERS

UPRIGHT HEADSTONE WHITE MARBLE (U) OR LIGHT GRAY GRANITE (V)



This headstone is 42 inches long, 13 inches wide and 4 inches thick. Weight is approximately 230 pounds. Variations may occur in stone color, and the marble may contain light to moderate veining.

BRONZE NICHE (Z)



This niche marker is 8-1/2 inches long, 5-1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker. Used for columbarium or mausoleum interment. Also provided to supplement a privately-purchased headstone or marker for eligible Veterans who died on or after November 1, 1990 and are buried in a private cemetery.

FLAT MARKERS

BRONZE (B)



This grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The base is not furnished by the Government.

LIGHT GRAY GRANITE (G) OR WHITE MARBLE (F)



This grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining.

SMALL FLAT GRANITE (L)



This grave marker is 18 inches long, 12 inches wide, and 3 inches thick. Weight is approximately 70 pounds. Variations may occur in stone color.

NOTE: Historic headstones (Prior to World War I) - In addition to the headstone and markers pictured, two special styles of upright headstones are available for those who served with Union Forces during the Civil War or for those who served in the Spanish-American War. Another style headstone is available for those who served with the Confederate States of America during the Civil War. Requests for these special styles should be made in block 33 of the claim. It is necessary to submit detailed documentation that supports eligibility. Inscriptions on these headstone types are intentionally limited to assure historic accuracy. For example, only rank above 'Private' was historically authorized; emblems of belief and the words 'Civil War' are not authorized.

INSCRIPTION INFORMATION

MANDATORY ITEMS - Information in English about the decedent (provided by an authorized applicant). Such items are: Legal Name, Branch of Service, Year of Birth, Year of Death, and for State Veterans and National Cemeteries only, the section and grave number. Branches of Service are: U.S. Army (USA), U.S. Navy (USN), U.S. Air Force (USAF), U.S. Marine Corps (USMC), U.S. Coast Guard (USCG), U.S. Army Air Forces (USAAF), and other parent organizations authorized for certain periods of time; and special units such as Women's Army Auxiliary Corps (WAAC), Women's Air Force Service Pilots (WASP), U.S. Public Health Service (USPHS), and National Oceanic & Atmospheric Administration (NOAA). Different examples of inscription formats are illustrated above. More than one branch of service is permitted, subject to space availability. The phrase "IN MEMORY OF" is a mandatory inscription on all memorial headstones and markers, as required under 38 CFR 38.630(c).

OPTIONAL ITEMS - Information in English about the decedent (provided by an authorized applicant). Optional items are in bold outlines, which includes month and day of birth in block 10A, month and day of death in block 10B, highest rank attained in block 12, awards in block 14, war service in block 16, and emblem of belief in block 17. War service includes active duty service during a recognized period of war and the individual does not have to serve in the actual place of war, e.g., Vietnam may be inscribed if the Veteran served during the Vietnam War period, even though the individual never served in the country. Supporting documentation must be included with the claim if you wish to include the highest rank and/or awards.

ADDITIONAL ITEMS - Information in English or non-English text about the decedent (provided by an authorized applicant), consisting only of characters of the Latin alphabet and/or numbers. Examples of additional items include appropriate terms of endearment, nicknames (in expressions such as "OUR BELOVED POPPY"), military or civilian credentials or accomplishments such as DOCTOR, REVEREND, etc., and special unit designations such as WOMEN'S ARMY CORPS, ARMY AIR CORPS, ARMY NURSE CORPS or SEABEES. All requests for additional inscription items must be stated in block 18, and are subject to VA approval. No graphics, emblems or pictures are permitted except authorized emblems of belief, the Medal of Honor, and the Southern Cross of Honor for Civil War Confederates.

INCOMPLETE OR INACCURATE INFORMATION ON THE CLAIM MAY RESULT IN ITS RETURN TO THE CLAIMANT, A DELAY IN RECEIPT OF THE HEADSTONE OR MARKER, OR AN INCORRECT INSCRIPTION.

Department of Veterans Affairs
National Cemetery Administration
Memorial Products Service

To: MEMORIAL PRODUCTS SERVICE (41B)	
Fax Number: 1-800-455-7143	
From: Local Cemetery USA	
Sender's Phone Number: 214) 111-2222	
Fax Number: 202) 222-3333	
Total No. of Pages (including cover sheet): 5	

This optional fax cover sheet is provided for your convenience. This fax number is dedicated to the transmission of applications for headstones, markers, and medallions. If you prefer, you may mail your application and supporting documents to the address below:

Memorial Products Service (41B)
Department of Veterans Affairs
5109 Russell Road
Quantico, VA 22134-3903

☐ The 1-800-455-7143 fax line only accepts applications for Government Headstones, Markers, Medallions and Presidential Memorial Certificates. Applications for other Government Benefits will not be accepted.

☐ Include all supporting documents with this application (i.e., DD Form 214 or equivalent discharge document).

☐ IMPORTANT: If you are requesting a replacement headstone or marker due to an incorrect inscription, damage, or non-receipt, please explain in Block 33 Remarks.

☐ **To submit multiple application packages**: Fax one application package (application plus supporting documents) at a time. You must disconnect the call and redial between each application package. Faxing several applications without redialing between each one will delay the processing of your applications.

Form approved, OMB No. 2900-0222
Expiration Date: Dec. 31, 2020
Respondent Burden: 15 minutes

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.**

1. DID VA PREVIOUSLY DETERMINE ELIGIBILITY FOR BURIAL AT A VA NATIONAL CEMETERY? [X] YES [ ] NO [ ] UNSURE

2. **TYPE OF REQUEST** [X] INITIAL REQUEST *(First time)* [ ] REPLACEMENT *(Specify reason in Block 33, Remarks)*

3. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER *(No Nicknames or titles permitted)*

FIRST *(Or Initial)*	MIDDLE *(Or Initial)*	LAST	SUFFIX *(Sr., Jr., II, III, etc.)*
Joseph	A	Soldier	

4. GRAVE IS: [ ] CURRENTLY MARKED *(with privately purchased marker)* [X] NOT MARKED

5. RACE OR ETHNICITY *(You may select more than one. Information will be used for statistical purposes only.)*
[X] AMERICAN INDIAN OR ALASKA NATIVE [ ] NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
[ ] BLACK OR AFRICAN AMERICAN [ ] WHITE
[ ] HISPANIC OR LATINO [ ] OTHER *(Specify)* _____

6. GENDER *(Information will be used for statistical purposes only.)* [X] MALE [ ] FEMALE

7. AGE AT TIME OF DEATH: 86

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.: 111-22-3333

9. PLACE OF BIRTH *(City and State or Country)*: Jonesboro, GA

10A. DATE OF BIRTH			10B. DATE OF DEATH		
MONTH	DAY	YEAR	MONTH	DAY	YEAR
07	13	1934	02	14	2020

PERIODS OF ACTIVE MILITARY DUTY *(For additional space use Block 33)*

11A. DATE(S) ENTERED			11B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR
10	21	1951	10	30	1971

12. HIGHEST RANK ATTAINED *(No pay grades)*: E9

13. BRANCH OF SERVICE *(Check applicable box(es) - must be consistent with rank in Box 12)*
[X] ARMY [ ] NAVY [ ] MARINE CORPS [ ] COAST GUARD [ ] AIR FORCE [ ] ARMY AIR FORCES [ ] MERCHANT MARINE [ ] OTHER *(Specify)*

14. VALOR OR PURPLE HEART AWARD(S) *(Documentation must be provided)*
[ ] MEDAL OF HONOR [ ] DST SVC CROSS [ ] SILVER STAR [ ] DST FLYING CROSS [X] PURPLE HEART [ ] AIR MEDAL [ ] OTHER *(Specify)*

15. TYPE OF HEADSTONE OR MARKER REQUESTED *(Check one)*
[ ] FLAT BRONZE B [ ] FLAT GRANITE G [ ] UPRIGHT MARBLE U [X] FLAT MARBLE F [ ] BRONZE NICHE Z [ ] UPRIGHT GRANITE V [ ] SMALL FLAT GRANITE L

16. WAR SERVICE *(Check applicable box(es))*
[ ] WORLD WAR II [ ] PERSIAN GULF
[X] KOREA [ ] AFGHANISTAN
[ ] VIETNAM [ ] IRAQ
[ ] OTHER *(Specify)*

17. EMBLEM OF BELIEF *(Optional)*
EMBLEM NUMBER *(Specify)* *(See page 5 for available emblems)*
[X] 01
[ ] NONE

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)*
Jacob Soldier
1 1st Street
Anywhere, US 22223

19b. DAYTIME OR CELL PHONE NO. OF APPLICANT *(Include Area Code)*: (110) 622-3322

19c. E-MAIL ADDRESS *(Optional)*

19d. FAX NO. *(Optional)*

20. ARE YOU:
[X] FAMILY MEMBER *(Specify relationship)* Brother
[ ] PERSONAL REPRESENTATIVE *(Person responsible for decisions concerning burial of decedent; include written authorization)*
[ ] VETERANS SERVICE OFFICER
[ ] FUNERAL HOME MANAGEMENT *(that received the unclaimed remains)*
[ ] CEMETERY MANAGEMENT *(where the unclaimed remains are buried)*
[ ] OTHER *(Specify)* _____

21. I WOULD LIKE A PRESIDENTIAL MEMORIAL CERTIFICATE [X] YES [ ] NO

22. IF "YES" HOW MANY? 5

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: /s/

24. DATE *(MM/DD/YYYY)*: 02/19/2020

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**
Local Cemetery
1 Oak St
Your Town, America 11111-1111

26. DAYTIME OR CELL PHONE NO. OF CONSIGNEE *(Include Area Code)*: (987) 666-5555

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**
Local Cemetery
1 Oak St
Your Town, America 11111-1111

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: Foreman Local Cemetery

29. DATE *(MM/DD/YYYY)*: 02/25/2020

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: Foreman Local Cemetery

31. DAYTIME PHONE NO OF CEMETERY *(Include Area Code)*: (987) 666-5555

32. DATE *(MM/DD/YYYY)*: 03/25/2020

33. REMARKS

34. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN BELOW *(e.g., buried at sea, remains scattered, etc.)*
[ ] REMAINS NOT BURIED

35. SECTION/GRAVE NO. *(State Cemetery Only)*

VA FORM DEC 2017 **40-1330** ALL PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE

SAMPLE

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



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

VA FORM 40-1330, DEC 2017

GENERAL INFORMATION SHEET

CLAIM FOR GOVERNMENT MEDALLION FOR PLACEMENT IN A PRIVATE CEMETERY

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. VA cannot conduct or sponsor a collection of information unless it has a valid OMB number. Your obligation to respond is voluntary, however, your response is required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send applications for benefits to this address.

PRIVACY ACT - VA considers the responses you submit confidential (38 U.S.C. 5701). VA may only disclose this information outside the VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 48VA40B, published in the Federal Register. VA considers the requested information relevant and necessary to determine maximum benefits under the law.

BENEFIT PROVIDED - MEDALLION (Only for eligible deceased Veterans who served in the Armed Forces on or after April 6, 1917, regardless of their date of death**)**

Furnished upon receipt of claim for affixing to an existing privately-purchased headstone or marker placed at the gravesite of an eligible deceased Veteran who is buried in a private or local Government cemetery. The medallion is made of bronze and available in three sizes: Large, Medium, Small. Each medallion is inscribed with the word VETERAN across the top and the Branch of Service at the bottom *(see Note in Block 11 of the claim for further information*). An eligible deceased Veteran may receive a Government furnished headstone or marker, or a medallion, but not both. *If requesting a headstone or marker, please use the **VA Form 40-1330, Claim for Standard Government Headstone or Marker**.*

Shown below are the three medallions with the actual dimensions (+/- 1/32") for width and height.



Large Medallion
Dimensions: 6 3/8" W, 4 3/4" H, 1/2" D



Medium Medallion
Dimensions: 3 3/4" W, 2 7/8" H, 1/4" D



Small Medallion
Dimensions: 2" W, 1 1/2" H, 1/3" D

WHO IS ELIGIBLE - Any deceased Veteran discharged under honorable conditions, who served in the Armed Forces on or after April 6, 1917, and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker. Any Servicemember of the Armed Forces of the United States who served on or after April 6, 1917, and died on active duty and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker. Please attach a copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing qualifying military service. If you are unable to locate copies of military records, apply anyway, as VA will attempt to obtain records necessary to make an eligibility determination. **Do not send original documents**; they will not be returned. **Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty**. Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; please submit a copy of the Reserve Retirement Eligibility Benefits Letter with the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible.

WHO CAN APPLY - An "applicant" for a Medallion may be any of the following:

(i) A decedent's family member, which includes the decedent's spouse or individual who was in a legal union as defined in 38 CFR 3.1702(b)(1)(ii) with the decedent; a child, parent, or sibling of the decedent, whether biological, adopted, or step relation; and any lineal or collateral descendant of the decedent;
(ii) A personal representative, defined as a family member or other individual who has identified himself or herself as the person responsible for making decisions concerning the interment of the remains of or memorialization of a deceased individual;
(iii) A representative of a Congressionally-chartered Veterans Service Organization;
(iv) An individual employed by the relevant state, tribal organization, or local government whose official responsibilities include serving veterans and families of veterans, such as a state or county veterans service officer; or
(v) Any individual who is responsible, under the laws of the relevant state or locality, for the disposition of the unclaimed remains of the decedent or for other matters relating to the interment or memorialization of the decedent.

PRESIDENTIAL MEMORIAL CERTIFICATE - A Presidential Memorial Certificate (PMC) is an engraved paper certificate, signed by the current sitting president, to honor the memory of Veterans discharged under other than dishonorable conditions. If the Veteran is eligible for a headstone, marker, or medallion, one PMC will automatically be provided unless otherwise specified. Additional PMCs may be requested by indicating how many in block 18 of this form.

HOW TO SUBMIT A CLAIM

FAX VA Form 40-1330M and supporting documents to: **1-800-455-7143**.
IMPORTANT: If faxing more than one claim - fax each claim package *(claim plus supporting documents)* individually *(disconnect the call and redial for each submission)*.

MAIL claims to: **Memorial Products Service (41B)**
Department of Veterans Affairs
5109 Russell Road
Quantico, VA 22134-3903

A VA medallion may be furnished only upon receipt of a fully completed and signed claim with required supporting documentation.

SIGNATURES REQUIRED - The claimant signs in block 19; the cemetery or other responsible official in block 24. If there is no official on duty at the cemetery, the signature of the person responsible for the property listed in block 23 is required. Entries of "None," "Not Applicable," or "NA" will not be accepted.

ASSISTANCE NEEDED - If assistance is needed to complete this claim, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or via e-mail at **mps.headstones@va.gov**. If additional assistance is needed to complete this claim, contact the nearest VA Regional Office, national cemetery, or a local Veterans' organization. No fee should be paid in connection with the preparation of this claim. For more information regarding medallion eligibility, affixing procedures, and sizes, visit our website at **www.cem.va.gov**.

DELIVERY - The medallion is shipped without charge to the name/address designated in Block 21 of the claim. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Appropriate affixing adhesives, hardware and instructions are provided with the medallion.

CAUTION - *To avoid delays in the production and delivery of the medallion, please check carefully to be sure you have accurately furnished all required information and documents before faxing or mailing the claim. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Medallions furnished remain the property of the United States Government and may not be used for any purpose other than to be affixed to the privately purchased headstone or marker of an eligible deceased Veteran buried in a private or local Government cemetery.*

DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.

VA FORM DEC 2017 **40-1330M** **ALL PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE**

Department of Veterans Affairs
National Cemetery Administration
Memorial Products Service

To: MEMORIAL PRODUCTS SERVICE (41B)
Fax Number: 1-800-455-7143
From: Samuel Army
Sender's Phone Number: 455)456-4321
Sender's Fax Number: 202) 987-6543
Total No. of Pages (including cover sheet): 3

This optional fax cover sheet is provided for your convenience. This fax number is dedicated to the transmission of claims for headstones, markers, and medallions. If you prefer, you may mail your claim and supporting documents to the address below:

Memorial Products Service (41B)
Department of Veterans Affairs
5109 Russell Road
Quantico, VA 22134-3903

SAMPLE

☐ The 1-800-455-7143 fax line only accepts claims for Government Headstones, Markers, Medallions and Presidential Memorial Certificates; it cannot accept any other claims for Government Benefits.

☐ Include all supporting documents with this medallion claim (i.e., DD Form 214 or equivalent discharge document).

☐ IMPORTANT: If you are requesting a replacement medallion due to an incorrect size, damage, or non-reciept, please explain: .

☐ **To submit multiple claims packages**: Fax one claim package (claim plus supporting documents) at a time. You must disconnect the call and redial between each claim package. Faxing several claims without redialing between each one will delay the processing of your claims.

Form approved, OMB No. 2900-0222
Expiration Date: Dec. 31, 2020
Respondent Burden: 15 minutes

Department of Veterans Affairs

CLAIM FOR GOVERNMENT MEDALLION FOR PLACEMENT IN A PRIVATE CEMETERY

IMPORTANT: Please read the General Information Sheet before completing this claim. Type or print clearly all information except for signatures. Illegible printing could result in incorrect delivery of the medallion. Failure to complete each block may result in delayed processing. **PLEASE INCLUDE MILITARY DISCHARGE DOCUMENTS.**

1. DID VA PREVIOUSLY DETERMINE ELIGIBILITY FOR BURIAL AT A VA NATIONAL CEMETERY?
☒ YES ☐ NO ☐ UNSURE

2. NAME OF DECEASED VETERAN

FIRST *(Or Initial)*	MIDDLE *(Or Initial)*	LAST	SUFFIX
Josa	S	Officer	

3. THERE MUST BE A SET HEADSTONE, MAUSOLEUM, OR CRYPT IN PLACE TO AFFIX THE MEDALLION. IS THE GRAVE CURRENTLY MARKED? ☒ YES ☐ NO

4. RACE OR ETHNICITY *(You may select more than one. Information will be used for statistical purposes only.)*
☐ AMERICAN INDIAN OR ALASKA NATIVE ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
☐ BLACK OR AFRICAN AMERICAN ☐ WHITE
☒ HISPANIC OR LATINO ☐ OTHER *(Specify)* _____

5. GENDER *(Information will be used for statistical purposes only.)*
☐ MALE
☒ FEMALE

6. AGE AT TIME OF DEATH
63

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

7. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO.
SSN: 123-45-6789 SVC. NO.:

8. PLACE OF BIRTH *(City and State or Country)*
Petersburg, VA

PERIODS OF ACTIVE MILITARY DUTY

9A. DATE OF BIRTH			9B. DATE OF DEATH			10A. DATE(S) ENTERED			10B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
05	22	1957	01	13	2020	08	12	1972	08	14	1991

11. BRANCH OF SERVICE (BOS) *(Check applicable box(es))* ***NOTE:*** *If one BOS is selected, it will be spelled out on the medallion, i.e. U.S. ARMY, U.S. AIR FORCE, etc. If more than one BOS is selected, they will be abbreviated on the medallion, i.e. USA, USAF, USN, USMC, USCG, etc.*
☐ ARMY ☐ MARINE CORPS ☐ COAST GUARD ☐ MERCHANT MARINE ☐ NAVY ☒ AIR FORCE ☐ ARMY AIR FORCES (WW II)
☐ OTHER (USAAC, WAAC, etc.) *(Specify)*

12. MEDALLION SIZE REQUESTED *(Check one) (Refer to general information sheet for exact sizes)*
☒ LARGE (M5) ☐ MEDIUM (M3) ☐ SMALL (M1)

13. ARE YOU:
☒ FAMILY MEMBER *(Specify relationship)* Spouse
☐ PERSONAL REPRESENTATIVE *(Person responsible for decisions concerning burial of decedent; include written authorization)*
☐ VETERANS SERVICE OFFICER
☐ FUNERAL HOME MANAGEMENT *(that received the unclaimed remains)*
☐ CEMETERY MANAGEMENT *(where the unclaimed remains are buried)*

14. NAME AND MAILING ADDRESS OF CLAIMANT *(No., Street, City, State, and ZIP Code)*
Samuel S Army
1 1st Street
Your City, US 55555

15. DAYTIME PHONE NO. OF CLAIMANT
(234) 567-8910

16. E-MAIL ADDRESS *(Optional)*

17. I WOULD LIKE A PRESIDENTIAL MEMORIAL CERTIFICATE?
☒ YES ☐ NO

18. IF "YES" HOW MANY?
5

CERTIFICATION: By signing below I certify the medallion will be affixed to a privately purchased headstone or marker in the cemetery listed in Block 23 at no expense to the Government, and that I (or the party listed in Block 21) have agreed to accept delivery, and all information entered on this claim 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.

19. SIGNATURE OF CLAIMANT
/S/

20. DATE *(MM/DD/YYYY)*
01/27/2020

21. NAME AND DELIVERY ADDRESS FOR MEDALLION *(No., Street, City, State, and ZIP Code); (If same as applicant, please enter SAME)*
Local Cemetery
2 2nd Street
Your City, US 55555

22. DAYTIME PHONE NO. *(Include Area Code)*
(123) 456-7890

23. NAME AND ADDRESS OF CEMETERY WHERE PRIVATELY PURCHASED HEADSTONE IS IN PLACE OR A MAUSOLEUM, OR CRYPT TO AFFIX THE MEDALLION MARKER OF THE DECEASED VETERAN IS LOCATED *(No., Street, City, State, and ZIP Code)*
Local Cemetery
2 2nd Street
Your City, US 55555

CERTIFICATION: By signing below I certify the size medallion indicated above is permitted in the cemetery.

24. SIGNATURE OF CEMETERY OFFICIAL
Foreman Cemetery Worker

25. DATE *(MM/DD/YYYY)*
02/28/2020

VA FORM DEC 2017 **40-1330M** **ALL PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE**

SAMPLE

OMB NUMBER: 2900-0784
EXPIRATION DATE: November 30, 2018
RESPONDENT BURDEN: 20 minutes

Department of Veterans Affairs

APPLICATION FOR PRE-NEED DETERMINATION OF ELIGIBILITY FOR BURIAL IN A VA NATIONAL CEMETERY

NOTE: Please read information on reverse before completing this form. If additional space is required, attach a separate sheet of paper.

Submit Application and Supporting Documentation to VA by:
Mail: to National Cemetery Scheduling Office, P.O. Box 510543, St. Louis, MO 63151; or
Fax: to the National Cemetery Scheduling Office at (855) 840-8299

IMPORTANT: Pre-Need means before death. Only complete this form if you are applying for a Pre-Need determination of eligibility for burial in a VA national cemetery. Time of Need means time of death. DO NOT complete this form if the individual is already deceased; instead, contact a local funeral home or the National Cemetery Scheduling Office at 1-800-535-1117 to expedite processing.

***REQUIRED ITEMS: YOU MUST COMPLETE THOSE ITEMS IDENTIFIED WITH AN ASTERISK (*)**

SECTION I - VETERAN/SERVICEMEMBER

(Claims for eligibility for burial are based upon the Veterans/Servicemember's military service)

*1. VETERAN/SERVICEMEMBER NAME (Include Suffix) (Last, First, Middle Name or Initial)	*2. NAME USED DURING MILITARY SERVICE (Include Suffix) (If different than Item 1) (Last, First, Middle Name)	3. MAILING ADDRESS (Street, City, State, and Zip Code, P.O. Box, Rural Route, etc.)
Air Force, Joe, Sam		123 4th Avenue Your Town, MN 11111

*4. SOCIAL SECURITY NUMBER	5. MILITARY SERVICE NUMBER (If different from SSN)	6. VA CLAIM NUMBER (If known)	*7. GENDER
123-45-6789			☒ MALE ☐ FEMALE

8. DATE OF BIRTH (MM/DD/YYYY)	9. PLACE OF BIRTH (City, State or Territory)	*10. IS VETERAN/SERVICEMEMBER DECEASED?	11. DATE OF DEATH (If applicable) (MM/DD/YYYY)
01/01/1922	Home Town, MN	☐ YES ☒ NO ☐ DON'T KNOW	

*12. MARITAL STATUS
☐ SINGLE ☐ SEPARATED ☒ MARRIED ☐ DIVORCED ☐ WIDOWED

*13. MILITARY STATUS USED TO APPLY FOR ELIGIBILITY DETERMINATION (Check all that apply)
☒ A. VETERAN ☐ B. RETIRED ACTIVE DUTY ☐ C. DIED ON ACTIVE DUTY ☐ D. RETIRED RESERVE
☐ E. RETIRED NATIONAL GUARD ☐ F. DEATH RELATED TO INACTIVE DUTY TRAINING ☐ G. OTHER (See instructions)

MILITARY SERVICE DATA

*14. BRANCH OF SERVICE	15. DATE OF ENTRY	16. DATE OF DISCHARGE	17. DISCHARGE - CHARACTER OF SERVICE (See instructions)	18. HIGHEST RANK ATTAINED (No pay grades)	19. STATE (Abbrev.) (National Guard Service Only)
Air Force	01/01/1956	01/01/1976	Honorable	CMST	

20. IS THERE ANYONE CURRENTLY BURIED IN A VA NATIONAL CEMETERY UNDER THIS VETERAN'S/SERVICEMEMBER'S ELIGIBILITY?
☐ YES *(Complete Item 21)* ☐ NO *(Skip Item 21)* ☐ DON'T KNOW *(Skip Item 21)*

21. NAME OF DECEDENT(S) AND VA NATIONAL CEMETERY WHERE BURIED

22. SUPPORTING DOCUMENTS ATTACHED ☐ YES ☐ NO ***(See instructions for information on recommended documentation.)***

SECTION II - CLAIMANT INFORMATION

(Information about the individual for whom determination for eligibility for burial in a VA National Cemetery is requested)

*23. CLAIMANT *(See instructions)* ***(***Each Claimant requires a separate VA Form 40-10007)***

Airforce, (Name) Last | Joe, First | Sam Middle

WHO IS ***(check one)***:
☒ A. THE VETERAN/SERVICEMEMBER NAMED IN ITEM 1
☐ B. THE SPOUSE/SURVIVING SPOUSE OF THE VETERAN/SERVICEMEMBER IN ITEM 1
☐ C. AN UNMARRIED ADULT CHILD OF THE VETERAN/SERVICEMEMBER IN ITEM 1
☐ D. OTHER *(Please specify)*

*24. CLAIMANT'S MAILING ADDRESS *(Street, City, State, and Zip Code, P.O. Box, Rural Route, etc.) (If different from item 3)*

25. CLAIMANT'S TELEPHONE NUMBER *(Include Area Code)*: 123-456-7890

*26. CLAIMANT'S SOCIAL SECURITY NUMBER *(If different from item 4)*: 123-45-6789

*27. CLAIMANT'S DATE OF BIRTH *(MM/DD/YYYY) (If different from item 8)*

*28. CLAIMANT'S MAIDEN NAME *(If applicable)*

29. DESIRED VA NATIONAL CEMETERY *(Optional - See instructions)*

30. EMAIL ADDRESS *(Optional - See instructions)*

SECTION III - CERTIFICATION AND SIGNATURE

CERTIFICATION: By signing below, I certify that I am the Claimant identified in item 23, or an individual signing for the Claimant identified in Item 34. All of the information entered on this form about the Claimant is true and correct to the best of my knowledge. A fraudulent statement that leads to burial in a national cemetery or receiving other benefits from the VA could result in disinterment from that national cemetery and other penalties in accordance with the law. I acknowledge that otherwise eligible individuals may be barred from burial for committing certain serious crimes, as provided under 38 U.S.C. § 2411. VA will therefore validate a previous determination of eligibility at the time of need to check for those bars in addition to law changes or Claimant status changes that may affect eligibility of the Claimant.

*31. YOUR SIGNATURE	*32. DATE	*33. YOUR RELATIONSHIP TO THE CLAIMANT IN ITEM 23 *(Check one; See instructions)*
/S/	06/23/2017	☒ A. SELF ***(Stop here. Leave Items 34-37 blank)*** ☐ B. INDIVIDUAL SIGNING FOR THE CLAIMANT who is under 18 years of age, is mentally incompetent, or is physically unable to sign the pre-need application ***(Complete items 34 through 37)***

*34. NAME OF INDIVIDUAL FROM ITEM 33B COMPLETING FOR THE CLAIMANT (Last, First, Middle Name)	*35. MAILING ADDRESS OF INDIVIDUAL COMPLETING THIS FORM FOR THE CLAIMANT (Street, City, State, and Zip Code, P.O. Box, Rural Route, etc.)
Airforce, Joe, Sam	123 4th Avenue Your Town, MN 11111
*36. TELEPHONE NUMBER (Include Area Code) 123-456-7890	37. EMAIL ADDRESS (Optional)

VA FORM MAY 2017 40-10007

SAMPLE

INSTRUCTIONS FOR COMPLETING VA FORM 40-10007 APPLICATION FOR PRE-NEED DETERMINATION OF ELIGIBILITY FOR BURIAL IN A VA NATIONAL CEMETERY

For more complete information on eligibility requirements for burial in a VA national cemetery, visit the National Cemetery Administration online at http://www.cem.va.gov/cem/burial_benefits/eligible.asp or call the National Cemetery Scheduling Office at 1-800-535-1117. For the purposes of this form, the term burial includes inurnment (above ground remains placement in a columbarium) and scattering of ashes, (if the cemetery chosen offers those options). **A Pre-Need determination of eligibility does not guarantee burial in a specific VA national cemetery. Burial in a specific VA national cemetery will be scheduled at the Time of Need.** In order to assist in completing this form, specific instructions and explanations for certain items are given below.

SECTION I: VETERAN/SERVICEMEMBER

Eligibility for burial in a VA national cemetery is based on the qualifying service of a Veteran/Servicemember. This section of the form is used to determine if qualifying service exists. Not all items are mandatory, however, answers to questions will aid VA in searching for records in archives to support the claim.

Item 13	**Military status used to apply for eligibility determination:** For VA benefit purposes, a Veteran is a person who served in the active military, naval, or air service, and who was discharged under conditions other than dishonorable. VA will determine on a case-by-case basis whether certain Reserve duty qualifies. If eligibility derives from a status not listed, or if the individual is not certain of the status, check "Other" and submit evidence of service and VA will provide appropriate assistance. Servicemembers who die on active duty are eligible for burial. If you are arranging burial for an active duty Servicemember or his or her dependents, you should contact a local funeral home or the National Cemetery Scheduling Office at 1-800-535-1117 to expedite processing.
Item 17	**Discharge - Character of Service:** Please indicate one type of "Discharge - Character of Service": Honorable; General; Entry Level Separation/Uncharacterized; Other Than Honorable; Bad Conduct; or Dishonorable. If uncertain of the type of discharge or character of service, indicate "Other" and include available supporting documents.
Item 22	**Supporting military service documents:** VA recommends that you attach photocopies of readily available supporting documents so that we can make the determination quickly. Documents may include the most recent discharge document (DD Form 214) showing the highest rank and valor awards and decorations, active duty service records other than for training purposes, or active duty for a minimum of 24 continuous months for enlisted Servicemembers after September 7, 1980; for officers, after October 16, 1981, or the full period for which the person was called to active duty. If you are unable to locate copies of military records, apply anyway, as VA will attempt to obtain records necessary to make a determination.

SECTION II: CLAIMANT INFORMATION

Item 23	**Each Claimant requires a separate VA Form 40-10007**. 23b. Spouse means a person who is or was legally married to a Veteran. Surviving Spouse mean a person who was legally married to a Veteran at the time of the Veteran's death and includes a surviving spouse who had a subsequent remarriage. A non-Veteran spouse of a Veteran whose marriage to the Veteran was dissolved by divorce or annulment issued by an authoritative court is not eligible for burial in a VA national cemetery.
	23c. An unmarried adult child of the Veteran is an individual who became permanently physically or mentally disabled and incapable of self-support before reaching 21 years of age, ***or*** before reaching 23 years of age if pursuing a full-time course of instruction at an approved educational institution. If you are making a claim for an unmarried adult child, please provide supporting documentation such as recent medical documentation pertaining to the disability, date of onset of the disability, and the age of the child when diagnosed with this disability. VA recommends that you provide photocopies. *Note: Minor children of eligible Veterans are eligible for burial in a VA national cemetery. The minor child of an eligible Veteran is a child who is unmarried and who is under 21 years of age; or who is under 23 years of age and is pursuing a full-time course of instruction at an approved educational institution.*
	23d. Please explain your Claimant status or relationship to the Veteran/Servicemember.
Items 29 and 30	A list of VA national cemeteries is available online at http://www.cem.va.gov/cem/cems/allnational.asp **A favorable Pre-Need determination of eligibility does not guarantee burial in a specific national cemetery. Burial in a specific VA national cemetery will be scheduled at the time of need.** If you provide an email address, VA may use your email address to communicate with you about your claim and burial benefits.

SECTION III: CERTIFICATION AND SIGNATURE

Items 31 and 32	**The pre-need application must be signed (Item 31) and dated (Item 32) for VA to process.**
Item 33	You must indicate **your relationship to the claimant** in Item 33. **33a. Check (A)** if you are the claimant
	33b. Check (B) and complete Items 34-37 if your are signing for a claimant who has not attained the age of 18 years, is mentally incompetent, or is physically unable to sign the pre-need application. You may be a court-appointed representative, a person who is responsible for the care of the individual (including a spouse or other relative), or an attorney in fact or agent authorized to act on behalf of the claimant under a durable power or attorney. If the claimant is in the care of an institution, a manager or principal officer of the institution may sign the form. Please attach supporting documents or an affidavit establishing your position relative to the claimant.

Privacy Act Information: VA considers the responses you submit confidential (38 U.S.C. 5701). VA may only disclose this information outside the VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 175VA41A, published in the Federal Register. VA considers the requested information relevant and necessary to determine maximum benefits under the law.

Respondent Burden: Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time to review instructions, search existing data sources, gather the necessary data, and complete and review the collection of information. The obligation to respond is voluntary and not required to obtain or retain benefits.

REVERSE OF VA FORM 40-10007, MAY 2017

Department of Veterans Affairs

INSTRUCTIONS FOR COMPLETING APPLICATION FOR BURIAL BENEFITS (UNDER 38 U.S.C., CHAPTER 23)

IMPORTANT - READ THESE INSTRUCTIONS CAREFULLY

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 Vocational Rehabilitation 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: We need this information to determine your eligibility to burial benefits. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

1. GENERAL

   a. ELIGIBILITY - NON-SERVICE-CONNECTED

      (1) NON-SERVICE-CONNECTED BURIAL ALLOWANCE - A one-time payment for a veteran who was receiving VA pension or disability compensation; would have been receiving disability compensation but for the receipt of military retired pay, or had an eligible pending claim at the time of death.

      (2) SERVICE-CONNECTED BURIAL ALLOWANCE - A one-time payment for a veteran who was rated totally disabled for a service-connected disability or disabilities; excluding individual unemployability, or who died of a service-connected disability.

      (3) VA MEDICAL CENTER DEATH BURIAL ALLOWANCE - A one-time payment for a veteran whose death was not service-connected and who died while hospitalized by VA.

   b. BURIAL ALLOWANCE - A one-time benefit payment payable toward the expenses of the funeral and burial of the veteran's remains. Burial includes all legal methods of disposing of the veteran's remains including, but not limited to, cremation, burial at sea, and medical school donation.

   c. PLOT OR INTERMENT ALLOWANCE - A one-time benefit payment payable toward:

      (1) Expenses incurred for the plot or interment if burial was not in a national cemetery or other cemetery under the jurisdiction of the United States; OR

      (2) Expenses payable to a State (or political subdivision of a State) if the veteran died from non-service-connected causes and was buried in a State-owned cemetery or section used solely for the remains of persons eligible for burial in a national cemetery.

   "Plot" means the final disposition site of the remains, whether it is a grave, mausoleum vault, columbarium niche, or similar place. "Interment" means the burial of casketed remains in the ground or the placement of cremated remains into a columbarium niche.

   d. TRANSPORTATION EXPENSES - The cost of transporting the body to the place of burial may be paid in addition to the burial allowance when:

      (1) The veteran died of a service-connected disability or had a compensable service-connected disability and burial is in a national cemetery; OR

      (2) The veteran died while in a hospital, domiciliary or nursing home to which he/she had been properly admitted under authority of VA; OR

      (3) The veteran died en route while traveling under prior authorization of VA for the purpose of examination, treatment; OR

      (4) The veteran's remains are unclaimed and burial is in a national cemetery.

2. WHO SHOULD FILE A CLAIM - VA may grant a claim that any eligible person files. Upon death of the veteran, VA will pay the first living person to file a claim of those listed below:

   (1) The veteran's surviving spouse; OR
   (2) The survivor of a legal union* between the deceased veteran and the survivor; OR
   (3) The veteran's children, regardless of age; OR
   (4) The veteran's parents or the surviving parent; OR
   (5) The executor or administrator of the deceased veteran's estate, or person acting for the deceased veteran's estate.

   *For purposes of this application, legal union means a formal relationship between the veteran and the survivor that existed on the date of the veteran's death, was recognized under the law of the State in which the couple formalized the relationship, and was evidenced by the State's issuance of documentation memorializing the relationship.

   If the veterans remains are unclaimed, VA will pay the person or entity that provided burial services for the remains of an unclaimed veteran.

3. TIME LIMIT FOR FILING A CLAIM - A claim for non-service-connected burial allowance must be filed with VA within 2 years after the date of the veteran's permanent burial or cremation. If a veteran's discharge was corrected after death to "Under Conditions Other Than Dishonorable," the claim must be filed within 2 years after the date of correction. There is no time limit for the service-connected burial allowance, plot or interment allowance, VA hospitalization death burial allowance, or reimbursement of transportation expenses.

4. COMPLETING CLAIM BY A FIRM OR STATE AGENCY - The claim must be executed in the full name of the firm or State agency, and show the official position or connection of the individual who signs on its behalf.

5. PROOF OF DEATH TO ACCOMPANY CLAIM - Death in a government institution does not need to be proven. In other cases, the claimant must forward a copy of the public record of death. If proof has previously been furnished VA, it need not be submitted again.

6. STATEMENT OF ACCOUNT MUST ACCOMPANY TRANSPORTATION CLAIMS - If transported by common carrier, a receipt must accompany the claim. All receipts for transportation charges should show the name of the veteran, the name of the person who paid, and the amount of the charges. The itemized statement of account should show the charges made for transportation. Failure to itemize charges may result in delay or payment of a lesser amount.

7. SERVICE RECORD - The original or certified copy of the veteran's service separation document (DD214 or equivalent) which contains information as to the length, time, and character of service will permit prompt processing.

8. TOLL-FREE TELEPHONE ASSISTANCE - You can call us toll-free within the U.S. by dialing 1-800-827-1000. If you are located in the local dialing area of a VA regional office, you can also call us by checking your local telephone directory. For the hearing impaired, our TDD number is 711.

9. WHERE DO I MAIL MY COMPLETED APPLICATION? - You should mail your application to the VA regional office located in your state. You can obtain the mailing address for VA regional offices by accessing the VA Internet web site at www.va.gov/directory. The address is also located in the government pages of your telephone book under "United States Government, Veterans."

OMB Approved No. 2900-0003
Respondent Burden: 15 Minutes
Expiration Date: 04/30/2020

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.

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.

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

PART I - PERSONAL INFORMATION

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN'S NAME

JOE A VETERAN

2. VETERAN'S SOCIAL SECURITY NUMBER

999 – 99 – 9999

3. VA FILE NUMBER

C/CSS - 999999999

CLAIMANT'S PERSONAL INFORMATION

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

SALLY V VETERAN

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

No. & Street: 999 ANYWHERE ST

Apt./Unit Number:

City: ANYWHERE

State/Province: CA

Country: US

ZIP Code/Postal Code: 99999 –

SAMPLE

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

999 – 999 – 9999

7. PREFERRED E-MAIL ADDRESS

SALLY_V@EMAIL.COM

8. RELATIONSHIP OF CLAIMANT TO DECEASED VETERAN *(Check one)*

- [X] SPOUSE
- [ ] CHILD
- [ ] PARENT
- [ ] EXECUTOR/ADMINISTRATOR OF ESTATE OR PERSON ACTING FOR THE ESTATE
- [ ] OTHER *(Specify)*

PART II - INFORMATION REGARDING VETERAN

9A. DATE OF BIRTH	9B. PLACE OF BIRTH	
01/10/2016	ANYWHERE, CA	
10A. DATE OF DEATH	**10B. PLACE OF DEATH**	**10C. DATE OF BURIAL**
	ANYWHERE, CA	01/15/2016

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		DATE	PLACE	
09/09/1920	ANYWHERE, CA	9999999	12/01/1945	ANYWHERE, CA	US ARMY, CAPTAIN (03)

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

VA FORM APR 2017 **21P-530**

SUPERSEDES VA FORM 21P-530, JUN 2015, WHICH WILL NOT BE USED

Page 3

VETERAN'S SSN | 9 | 9 | 9 | – | 9 | 9 | – | 9 | 9 | 9 | 9 |

PART III - CLAIM FOR BURIAL ALLOWANCE

13A. TYPE OF BURIAL ALLOWANCE REQUESTED *(Check one)*

- [X] NON-SERVICE-CONNECTED DEATH
- [ ] SERVICE-CONNECTED DEATH
- [ ] 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)*

- [ ] VA MEDICAL CENTER
- [ ] NURSING HOME UNDER VA CONTRACT
- [ ] STATE VETERANS HOME
- [X] OTHER *(Specify)*

14. IF YOU ARE THE DECEASED VETERAN'S SPOUSE, DID YOU PREVIOUSLY RECEIVE A VA BURIAL ALLOWANCE?

[ ] YES [X] NO

15A. DID YOU INCUR EXPENSES FOR THE VETERAN'S BURIAL?

[X] YES [ ] NO

15B. ARE YOU SEEKING BURIAL BENEFITS FOR THE UNCLAIMED REMAINS OF A VETERAN?

[X] YES [ ] NO

PART IV - CLAIM FOR PLOT OR INTERMENT ALLOWANCE

16. PLACE OF BURIAL OR LOCATION OF DECEASED VETERAN'S REMAINS *(Specify)*

ANYWHERE CA CEMETERY

17A. DID YOU INCUR EXPENSES FOR THE VETERAN'S PLOT OR INTERMENT?

[ ] YES [ ] NO

17B. WAS VETERAN BURIED IN A NATIONAL CEMETERY, OR ONE OWNED BY THE FEDERAL GOVERNMENT?

[ ] YES [X] NO

17C. WAS THE VETERAN BURIED IN A STATE VETERANS CEMETERY?

[ ] YES [X] NO

18A. DID A FEDERAL/STATE GOVERNMENT OR THE VETERAN'S EMPLOYER CONTRIBUTE TO THE BURIAL?

[ ] YES [X] NO *(If "Yes," complete Item 18B)*

18B. AMOUNT OF GOVERNMENT OR EMPLOYER CONTRIBUTION

$ 0.00

PART V - CLAIM FOR TRANSPORTATION REIMBURSEMENT

19. EXPENSES INCURED FOR THE TRANSPORTATION OF THE VETERAN'S REMAINS FROM THE PLACE OF DEATH TO THE FINAL RESTING PLACE *(Attach itemized receipts)*

$ 350.00

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.

VA FORM 21P-530, APR 2017

Page 4

SAMPLE

Department of Veterans Affairs

NOTICE TO SURVIVOR OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM FOR DEPENDENCY AND INDEMNITY COMPENSATION, SURVIVORS PENSION, AND/OR ACCRUED BENEFITS

(This notice is applicable to survivors claims for: Survivors Pension • Dependency Indemnity Compensation (DIC) • DIC under 38 U.S.C. 1151 • Increased Survivor Benefits Based on Need for Special Monthly Pension • Accrued Benefits • Benefits Based on a Veteran's Seriously Disabled Child)

Use this notice and the attached application to submit a claim for DIC, Survivors Pension, and/or Accrued Benefits. This notice informs you of the evidence necessary to substantiate your claim.

Want your claim processed faster? The Fully Developed Claim (FDC) Program is the fastest way to get your claim processed, and there is no risk to participate! To participate in the FDC Program if you are making a claim for DIC, Survivors Pension, and/or Accrued Benefits, simply submit your claim in accordance with the "FDC Criteria" shown below. If you are making a claim for veterans disability compensation or related compensation benefits, use VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*. If you are claiming veterans Pension benefits, use VA Form 21P-527EZ, *Application for Veterans Pension*. VA forms are available at www.va.gov/vaforms.

FDC Criteria (Claim(s) for DIC, Survivors Pension, and/or Accrued Benefits)

1. Submit your claim on a signed and completed VA Form 21P-534EZ, *Application for DIC, Survivors Pension, and/or Accrued Benefits* (Attached).

2. Submit simultaneously with your claim:

A copy of the veteran's Death Certificate (unless he or she died on active duty); **AND**

If claiming Survivors Pension:

- All necessary income and asset information; **AND**
- **If claiming Survivors Pension with special monthly pension**, a completed VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*, **or** (if a patient in a) nursing home, a completed VA Form 21-0779, *Request for Nursing Home Information in Connection with Claim for Aid and Attendance*

If claiming DIC:

- All, if any, of the veteran's relevant, private medical treatment records and an identification of any of the veteran's treatment records available at a Federal facility, such as a VA medical center, that supports your claim that a service-connected disability caused the veteran's death or the veteran's death was caused by the VA.
- Any and all Service Treatment and Personnel Records in the custody of the veteran's Guard or Reserve Unit(s).
- **If claiming DIC as the parent of the veteran**, all necessary income information and, if claiming benefits as the foster parent of the veteran, a completed VA Form 21P-524, *Statement of Person Claiming to Have Stood in Relation of Parent*.
- **If claiming DIC with special monthly DIC,** a completed VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*, or (if a patient in a nursing home) a completed VA Form 21-0779, *Request for Nursing Home Information in Connection with Claim for Aid and Attendance*

Requirements for Certain Claimants:

- **If claiming benefits as the surviving spouse of the veteran**, a copy of your marriage certificate showing your marriage to the veteran, or **if claiming benefits for a child or biological/adoptive parent of the veteran**, a copy of the birth certificate or court record of adoption showing relation to the veteran.
- **If claiming benefits for a child of the veteran between the ages of 18 and 23**, a completed VA Form 21-674, *Request for Approval of School Attendance.*
- **If claiming benefits for a seriously disabled child of the veteran,** all, if any, relevant, private medical treatment records for the child's pertinent disabilities showing the child was incapable of self-support before age 18.

3. Report for any VA medical examinations VA determines are necessary to decide your claim.

The Fully Developed Claim (FDC) Program is the fastest way to get your claim processed, and there is no risk to participate! Participation in the FDC Program is optional and will not affect the quality of care you receive or the benefits to which you are entitled. If you file a claim in the FDC Program and it is determined that other records exist and VA needs the records to decide your claim, then VA will simply remove the claim from the FDC Program (Optional Expedited Process) and process it in the Standard Claim Process. See below for more information. If you wish to file your claim in the FDC Program, see FDC Program (Optional Expedited Process). If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process.

WHAT YOU NEED TO DO

You must submit all relevant evidence in your possession and provide VA information sufficient to enable it to obtain all relevant evidence not in your possession. If your claim involves a disability the veteran had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before the veteran's entry into service.

FDC Program (Optional Expedited Process)	Standard Claim Process
You must: • Submit your claim in accordance with the "FDC Criteria" (see page 1)	You must: • If you know of evidence not in your possession and want VA to try to get it for you, give VA enough information about the evidence so that we can request it from the person or agency that has it If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. ***It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.***

HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM

FDC Program (Optional Expedited Process)	Standard Claim Process
VA will: • Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorize VA to obtain	VA will: • Retrieve relevant records from a Federal facility that you adequately identify and authorize VA to obtain • Make every reasonable effort to obtain relevant records not held by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from state or local governments and privately held evidence and information you tell us about, such as private doctor or hospital records or records from current or former employers

WHEN YOU SHOULD SEND WHAT WE NEED

FDC Program (Optional Expedited Process)	Standard Claim Process
You must: • Send the information and evidence simultaneously with your claim If you submit additional information or evidence after you submit your "fully developed" claim, then VA will remove the claim from the FDC Program expedited process and process it in the Standard Claim process. If we decide your claim before one year from the date we receive the claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support the claim.	We strongly encourage you to: • Send any information or evidence as soon as you can You have up to one year from the date we receive the claim to submit the information and evidence necessary to support your claim. If we decide the claim before one year from the date we receive the claim, you will still have the remainder of the one year period to submit additional information or evidence necessary to support the claim.

WHERE TO SEND INFORMATION AND EVIDENCE

Mail or take your application and any evidence in support of your claim to the closest VA regional office. VA regional office addresses are available on the Internet at www.va.gov/directory.

WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

If you are claiming...	See the evidence table titled...
Needs-based benefits based on the veteran's wartime service.	Survivors Pension
• The veteran's death was related to his or her service (DIC), **OR** • DIC because the veteran was receiving or entitled to receive benefits for a service-connected disability rated totally disabling.	Dependency and Indemnity Compensation (DIC)
The veteran's death was a result of VA medical treatment, vocational rehabilitation, or compensated work therapy.	DIC under 38 U.S.C. 1151
DIC and it was previously denied by VA.	Reopened DIC
Special Monthly Pension.	Increased Survivor Benefits Based on Special Monthly Pension
You are entitled to the benefits that were due to the veteran at the time of the veteran's death.	Accrued Benefits
You are eligible to benefits because a child of the veteran is severely disabled.	Child Incapable of self-support

EVIDENCE TABLES

Survivors Pension

To support your claim for **Survivors Pension**, the evidence must show:

1. The veteran met certain minimum active service requirements during a period of war.
   Generally, those requirements are:

   • 90 days of consecutive service, at least one day of which was during a period of war; **OR**
   • 90 days of combined service during at least one period of war;

   *(**Note** : If the veteran's service began after September 7, 1980, additional length-of-service requirements may apply, typically requiring two years of continuous service or completion of active-duty obligations.)*

   OR any length of active service during a period of war when:

   • At the time of death, the veteran was receiving (or entitled to receive) VA disability compensation or retirement pay for a service-connected disability; **OR**
   • The veteran was discharged from active service due to a service-connected disability.

2. Your income and assets do not exceed certain requirements.

Assets means the fair market value of all property that an individual owns, including all real and personal property (excluding the value of the primary residence including the residential lot area, not to exceed 2 acres) less the amount of mortgages or other encumbrances specific to the mortgaged or encumbered property). Personal property means the value of personal effects that are in excess of being suitable and consistent with a reasonable mode of life.

Dependency and Indemnity Compensation (DIC)

To support a claim for **Dependency and Indemnity Compensation (DIC) based on a service-connected disability:**

- The veteran died while on active service; **OR**
- The veteran had a service-connected disability(ies) that was either the principal or contributory cause of the veteran's death; **OR**
- The veteran died from non service-connected injury or disease **AND** was receiving, or entitled to receive VA compensation for a service-connected disability rated totally disabling:
  - For at least 10 years immediately before death; **OR**
  - For at least 5 years after the veteran's release from active duty preceding death; **OR**
  - For at least 1 year before death, if the veteran was a former prisoner of war who died after September 30, 1999.

To support a claim for **DIC based on a disability that was not service-connected** or for which the veteran did not file a claim during his or her lifetime, the evidence must show:

- An injury or disease that was incurred or aggravated during active service, or an event in service that caused an injury or disease; **AND**
- A physical or mental disability that was either the principle or contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that were visible or observable; **AND**
- A relationship between the disability associated with the cause of death and an injury, disease, or event in service. This may be shown by medical records or medical opinion or, in certain cases, by lay evidence.

EVIDENCE TABLES (Continued)

Dependency and Indemnity Compensation (DIC) *(Continued)*

To support your claim for **DIC based upon the service person's *active* duty for training**, the evidence must show:

- The service person was disabled during *active* duty for training due to a disease or injury incurred in the line of duty, and the disease or injury caused or contributed to the service person's death.

If VA granted service connection for a disease or injury during the service person's lifetime, evidence that the service-connected disease or injury caused or contributed to the service person's death may satisfy this requirement.

To support a claim for DIC based on a disability that was not service-connected or for which the service person did not file a claim during his or her lifetime, the evidence must show:

- The service person was disabled during *active* duty for training due to a disease or injury incurred in the line of duty; **AND**
- A physical or mental disability that was either the principle or contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that were visible or observable; **AND**
- A relationship between the principal or contributory cause of death and the disability due to injury or disease, incurred in the line of duty. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence.

To support your claim for **DIC based upon the service person's *inactive* duty training**, the evidence must show:

- The service person died during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident during such training; **OR**
- The service person was disabled during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; and that injury, acute myocardial infarction, cardiac arrest, or cerebrovascular accident caused or contributed to the service person's death

If VA granted service connection for an injury, acute myocardial infarction, or cerebrovascular accident during the service person's lifetime, evidence that the service-connected condition caused or contributed to the service person's death may satisfy this requirement.

To support a claim for DIC based on a disability that was not service-connected or for which the service person did not file a claim during his or her lifetime, the evidence must show:

- The service person was disabled during *inactive* duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; **AND**
- The injury, acute myocardial infarction, cardiac arrest, or cerebrovascular accident caused or contributed to the service person's death

DIC under 38 U.S.C. 1151:

In order to support your claim for **DIC under 38 U.S.C. 1151**, the evidence must show:

- The deceased veteran died as a result of undergoing VA hospitalization, medical or surgical treatment, examination, or training; **AND**
- The death was:
  - the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment; **OR**
  - the direct result of an event that was not a reasonably expected result or complication of the VA care or treatment; **OR**
  - the direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program

Reopened DIC:

In order to reopen a claim previously denied by VA, we need new and material evidence. New and material evidence must raise a reasonable possibility of substantiating your claim. The evidence cannot simply be repetitive or cumulative of the evidence we had when we previously decided your claim. VA will make reasonable efforts to help you obtain currently existing evidence. However, we cannot provide a medical examination or obtain a medical opinion until your claim is successfully reopened.

- To qualify as new, the evidence must currently exist and be submitted to VA for the first time
- In order to be considered material, the additional existing evidence must pertain to the reason your claim was previously denied

EVIDENCE TABLES (Continued)

Increased Survivor Benefits Based on Special Monthly Pension

In order to support your claim for **increased survivor benefits based on the need for aid and attendance**, the evidence must show:

- you have corrected vision of 5/200 or less in both eyes; **OR**
- you have concentric contraction of the visual field to 5 degrees; **OR**
- you are a patient in a nursing home due to mental or physical incapacity; **OR**
- you require the aid of another person to perform personal functions required in everyday living, such as bathing, feeding, dressing yourself, attending to the wants of nature, adjusting prosthetic devices, or protecting yourself from the hazards of your daily environment (38 Code of Federal Regulations 3.352(a)); OR
- you are bedridden, in that your disability or disabilities requires that you remain in bed apart from any prescribed course of convalescence or treatment (38 Code of Federal Regulations 3.352(a)); **OR**

In order to support your claim for **increased benefits based on being housebound**, the evidence must show:

- you are substantially confined to your immediate premises because of permanent disability

Accrued Benefits:

To support a claim for **accrued benefits**, the evidence must show:

- Benefits were due the veteran based on existing ratings, decisions, or evidence in VA's possession at the time of death, but the benefits were not paid before the veteran's death; **AND**
- You are the surviving spouse, child, or dependent parent of the deceased veteran

VA pays accrued benefits in the following order of priority:

1. Spouse
2. Children of the veteran (in equal shares)
3. Dependent parents (in equal shares)

Child Incapable of Self-Support:

To support a claim for **benefits based on a veteran's child being incapable of self-support**, the evidence must show that the child, before his or her 18th birthday, became permanently incapable of self-support due to a mental or physical disability.

IMPORTANT

If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at http://www.va.gov/opa/marriage/.

HOW VA DETERMINES THE EFFECTIVE DATE

If we grant a claim for Survivors benefits, the beginning date of your entitlement will generally be the date we received your claim. However, if VA receives your claim within one year after the date of the veteran's death, entitlement will be from the first day of the month in which the veteran died.

The veteran's death certificate is evidence relevant to determining the effective date of any benefits we award.

Special monthly pension may be available for a veteran's surviving spouse and/or parents who are unable to perform certain activities of daily living, are a patient in a nursing home, or are substantially confined to their immediate premises. Special monthly pension may be effective from the date medical evidence first shows entitlement.

For more information on the FDC Program, visit our web site at http://benefits.va.gov/transformation/fastclaims/ For more information on VA benefits, visit our web site at www.va.gov, contact us at https://iris.custhelp.com/, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711. VA forms are available at www.va.gov/vaforms.

OMB Control No. 2900-0004
Respondent Burden: 25 minutes
Expiration Date: 10/31/2021

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

APPLICATION FOR DIC, SURVIVORS PENSION, AND/OR ACCRUED BENEFITS

IMPORTANT: Please read the Privacy Act and Respondent Burden on page 11 before completing the form.

SECTION I: PERSONAL INFORMATION *(MUST COMPLETE)*

1. VETERAN'S NAME (Last, first, middle)	2. VETERAN'S SOCIAL SECURITY NUMBER	3. VETERAN'S DATE OF BIRTH (MM,DD,YYYY)
VETERAN, Joe	999-99-9999	09/10/1965

4. VETERAN'S SEX	5. HAS THE VETERAN, SURVIVING SPOUSE, CHILD, OR PARENT EVER FILED A CLAIM WITH VA?	6. VA FILE NUMBER
[X] MALE [ ] FEMALE	[ ] YES [X] NO (If "Yes," provide the file number in Item 6)	

7. DID THE VETERAN DIE WHILE ON ACTIVE DUTY?	8. VETERAN'S SERVICE NUMBER	9. WHAT IS THE VETERAN'S DATE OF DEATH? (MM,DD,YYYY)
[ ] YES [X] NO		01/23/2020

10. WHAT IS YOUR NAME? (First, middle, last name)	11. WHAT IS YOUR RELATIONSHIP TO THE VETERAN? (Check one)
SALLY V VETERAN	[ ] SURVIVING SPOUSE [ ] PARENT [ ] CHILD [ ] CUSTODIAN FILING FOR CHILD

12. WHAT IS YOUR SOCIAL SECURITY NUMBER?	13. WHAT IS YOUR DATE OF BIRTH? (MM,DD,YYYY)	14. ARE YOU A VETERAN?
111-11-1111	10/10/1963	[ ] YES [X] NO

15A. WHAT IS YOUR ADDRESS?				15B. YOUR TELEPHONE NUMBER(S) (include Area Code)
999 ANYWHERE ST				DAYTIME (999) 9999999
Street address, rural route, or P.O. Box		Apt. number		
ANYWHERE	CALIFORNIA	99999	USA	EVENING (999) 9999999
City	State	ZIP Code	Country	CELL PHONE ( )

16A. YOUR PREFERRED E-MAIL ADDRESS (If applicable)	16B. YOUR ALTERNATE E-MAIL ADDRESS (If applicable)

17. WHAT ARE YOU CLAIMING? (Check all that apply)

[ ] DEPENDENCY AND INDEMNITY COMPENSATION (DIC) [X] SURVIVORS PENSION [X] ACCRUED BENEFITS

SECTION II: VETERAN'S SERVICE INFORMATION *(COMPLETE ONLY IF THE VETERAN WAS NOT RECEIVING VA COMPENSATION OR PENSION BENEFITS AT THE TIME OF DEATH)*

(Skip to Section III if the veteran was receiving VA compensation or pension benefits at the time of his or her death)

18A. DID THE VETERAN SERVE UNDER ANOTHER NAME?	18B. PLEASE LIST OTHER NAME(S) THE VETERAN SERVED UNDER:
[X] YES [ ] NO (If "Yes," complete Item 18B) (If "No," skip to Item 18C)	

18C. VETERAN ENTERED ACTIVE SERVICE ON (MM,DD,YYYY)	18D. BRANCH OF SERVICE	18E. RELEASE DATE FROM ACTIVE SERVICE (MM,DD,YYYY)
12/03/1971	Air Force	12/09/1985

18F. PLACE OF LAST SEPARATION

Barksdale, TX

19A. WAS THE VETERAN ACTIVATED TO FEDERAL ACTIVE DUTY UNDER AUTHORITY OF TITLE 10, U.S.C. *(National Guard)*?	19B. DATE OF ACTIVATION (MM,DD,YYYY)
[ ] YES [X] NO (If "Yes," answer Items 19B, 19C and 19D)	

19C. WHAT IS THE NAME AND ADDRESS OF THE VETERAN'S RESERVE/NATIONAL GUARD UNIT?	19D. WHAT IS THE TELEPHONE NUMBER OF THE RESERVE/NATIONAL GUARD UNIT? (Include Area Code)
	( )

20A. WAS THE VETERAN EVER A PRISONER OF WAR?	20B. DATES OF CONFINEMENT
[ ] YES [X] NO (If "Yes," complete Item 20B) (If "No," skip to Section III)	FROM: TO:

SAMPLE

SECTION III- MARITAL INFORMATION *(COMPLETE ONLY IF CLAIMING BENEFITS AS THE SURVIVING SPOUSE OF THE VETERAN)*

*(Skip to Section IV if you are **NOT** claiming benefits as the surviving spouse of the veteran)*

TELL US ABOUT THE VETERAN'S MARRIAGES

21A. HOW MANY TIMES WAS THE VETERAN MARRIED (including marriage to you)?

1

21B. DATE (month, day, year) and PLACE OF MARRIAGE (city, state or country)	21C. TO WHOM MARRIED (first, middle, last name)	21D. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other)	21E. HOW MARRIAGE ENDED (death, divorce)	21F. DATE (month, day, year) and PLACE MARRIAGE ENDED (city/state or country)
11/06/1975 Anywhere, California	SALLY V JONES	CEREMONIAL	Death	01/23/2020 Anywhere, California

21G. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 21D, PLEASE EXPLAIN:

TELL US ABOUT YOUR MARRIAGES

22A. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN?

☐ YES ☒ NO

22B. HOW MANY TIMES HAVE YOU BEEN MARRIED? (including your marriage to the veteran)

1

22C. DATE (month, day, year) and PLACE OF MARRIAGE (city/state or country)	22D. TO WHOM MARRIED (first, middle, last name)	22E. TYPE OF MARRIAGE (ceremonial, common-law, proxy, tribal, or other)	22F. HOW MARRIAGE ENDED (death, divorce, marriage has not ended)	22G. DATE (month, day, year) and PLACE MARRIAGE ENDED (city/state or country)
11/06/1975 Anywhere, California	JOE VETERAN	Ceremonial	Death	01/23/2020 Anywhere, California

22H. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 22E, PLEASE EXPLAIN:

23. WAS A CHILD BORN TO YOU AND THE VETERAN DURING YOUR MARRIAGE OR PRIOR TO YOUR MARRIAGE?

☒ YES ☐ NO

24. ARE YOU EXPECTING THE BIRTH OF THE VETERAN'S CHILD?

☐ YES ☒ NO

25. DID YOU LIVE CONTINUOUSLY WITH THE VETERAN FROM THE DATE OF MARRIAGE TO THE DATE OF HIS/HER DEATH?

☐ YES ☒ NO (If "No," complete Item 26)

26. WHAT WAS THE CAUSE OF SEPARATION? GIVE THE REASON, DATE(S) AND DURATION OF THE SEPARATION *(IF THE SEPARATION WAS BY COURT ORDER, ATTACH A COPY OF THE ORDER)*

27. AT THE TIME OF YOUR MARRIAGE TO THE VETERAN, WERE YOU AWARE OF ANY REASON THE MARRIAGE MIGHT NOT BE LEGALLY VALID?

☐ YES ☒ NO (If "Yes," provide explanation):

SAMPLE

SECTION IV: CHILD OF THE VETERAN *(COMPLETE ONLY IF CLAIMING BENEFITS FOR A CHILD(REN) OF THE VETERAN)*

*(Skip to Section V if you are **NOT** claiming benefits for a child(ren) of the veteran)* (If necessary, attach a separate sheet)

28A. NAME OF CHILD (First, middle initial, last name)	28B. DATE (month, day, year) and PLACE OF BIRTH (city/state or country)	28C. SOCIAL SECURITY NUMBER	*(Check all that apply)* 28D. BIOLOGICAL	28E. ADOPTED	28F. STEPCHILD	28G. 18-23 YEARS OLD (in school)	28H. SERIOUSLY DISABLED	28I. CHILD MARRIED	28J. CHILD PREVIOUSLY MARRIED
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐	☐	☐

If claiming benefits as the surviving spouse or custodian filing for a child, in items 29A through 29D tell us about the children listed in Item 28A who ***do not*** live with you.

29A. NAME OF CHILD (First, middle initial, last name)	29B. CHILD'S COMPLETE ADDRESS (Number and street or rural route, city or P.O., city, State, ZIP Code and country)	29C. NAME OF PERSON THE CHILD LIVES WITH (If applicable)	29D. MONTHLY AMOUNT YOU CONTRIBUTE TO THE CHILD'S SUPPORT
			$
			$
			$

SECTION V: VETERAN'S PARENT *(COMPLETE ONLY IF CLAIMING BENEFITS AS THE PARENT OF VETERAN)*

*(Skip to Section VI if you are **NOT** claiming benefits as the parent of a veteran)*

30A. WHAT IS YOUR MARITAL STATUS? (Check one)

☐ MARRIED AND LIVE WITH OTHER PARENT OF VETERAN ☐ MARRIED AND LIVE WITH SPOUSE WHO IS NOT THE OTHER PARENT OF THE VETERAN ☐ SEPARATED, MARRIED BUT NOT LIVING WITH SPOUSE ☐ DIVORCED ☒ WIDOWED

☐ NEVER MARRIED

30B. IF YOUR MARRIAGE HAS ENDED, PLEASE SPECIFY THE DATE (month, day, year) AND HOW MARRIAGE ENDED (death, divorce, etc.)

30C. IF YOU ARE SEPARATED, WHAT WAS THE CAUSE OF THE SEPARATION? GIVE THE REASON, DATE(S) AND DURATION OF THE SEPARATION *(IF THE **SEPARATION WAS BY COURT ORDER, ATTACH A COPY OF THE ORDER**)*

31A. WHAT IS YOUR SPOUSE'S NAME? (First, middle initial, last name) (Skip to Item 32A if never married or no longer married)	31B. WHAT IS YOUR SPOUSE'S DATE OF BIRTH? (MM,DD,YYYY)	31C. WHAT IS YOUR SPOUSE'S SOCIAL SECURITY NUMBER?

31D. IS YOUR SPOUSE ALSO A VETERAN? ☐ YES ☐ NO (If "Yes," complete Item 31E)	31E. WHAT IS YOUR SPOUSE'S VA FILE NUMBER? (If applicable)

32A. WAS THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED THE AGE OF *MAJORITY* (AGE 18 IN MOST STATES)? ☐ YES ☐ NO (If "Yes," skip to Item 34)	32B. DATE(S) OF PARENTAL CONTROL (If veteran did not live in your household continuously before age 18 provide the time period (dates) when he/she was under your parental control) (MM DD YYYY) *to* (MM DD YYYY) (MM DD YYYY) *to* (MM DD YYYY)

32C. WHY WASN'T THE VETERAN A MEMBER OF YOUR HOUSEHOLD OR UNDER YOUR PARENTAL CONTROL AT ALL TIMES BEFORE HE/SHE REACHED THE AGE OF MAJORITY? (Explain fully)

33. NAME AND ADDRESS OF EACH PERSON WHO ASSUMED PARENTAL CONTROL OVER THE VETERAN OUTSIDE THE DATE(S) SHOWN IN ITEM 32B

A. NAME (FIRST, MIDDLE, LAST)	B. ADDRESS
	Street address, rural route, or P.O. Box Apt. number City State ZIP Code Country
	Street address, rural route, or P.O. Box Apt. number City State ZIP Code Country

34. IF YOU ARE NOT THE BIOLOGICAL PARENT OF THE VETERAN, PROVIDE THE NAMES OF THE BIOLOGICAL PARENTS, IF DECEASED, PROVIDE THE DATE(S) OF DEATH.

A. NAME (FIRST, MIDDLE, LAST)	B. DATE OF DEATH (MM,DD,YYYY)

SECTION VI: DIC *(COMPLETE ONLY IF CLAIMING DEPENDENCY AND INDEMNITY COMPENSATION (DIC))*

*(Skip to Section VII if you are **NOT** claiming DIC)*

35. WHAT BENEFIT ARE YOU CLAIMING?

☐ DIC ☐ DIC under 38 U.S.C. 1151 (RARE)

36. LIST ANY VA MEDICAL CENTERS WHERE THE VETERAN RECEIVED TREATMENT PERTAINING TO YOUR CLAIM AND PROVIDE TREATMENT DATES:

A. NAME AND LOCATION OF VA MEDICAL CENTER	B. DATE(S) OF TREATMENT

SAMPLE

SECTION VII: NURSING HOME OR INCREASED SURVIVORS ENTITLEMENT

37. ARE YOU CLAIMING SPECIAL MONTHLY PENSION OR SPECIAL MONTHLY DIC BECAUSE YOU NEED THE REGULAR ASSISTANCE OF ANOTHER PERSON, HAVE SEVERE VISUAL PROBLEMS, OR ARE GENERALLY CONFINED TO YOUR IMMEDIATE PREMISES?

☐ YES ☐ NO *(If "Yes," please complete and attach with this application, VA Form 21-2680, Exam for Housebound Status or Permanent Need for Regular Aid and Attendance. Please make sure every box is complete and signed by a Physician, Physician Assistant (PA), Certified Nurse Practitioner (CNRP), or Clinical Nurse Specialist (CNS).)*

38A. ARE YOU NOW IN A NURSING HOME?

☐ YES ☐ NO *(If "Yes," answer Items 38B and 38C. Also, submit a statement from an official of the nursing home that tells us that you are a patient in the nursing home because of a physical or mental disability. The statement should include the monthly charge you are paying out-of-pocket for your care.)*

38B. WHAT IS THE NAME AND COMPLETE MAILING ADDRESS OF THE FACILITY?

38C. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME COSTS?

☐ YES ☐ NO *(If "No," complete Item 38D)*

38D. HAVE YOU APPLIED FOR MEDICAID?

☐ YES ☐ NO

SECTION VIII: INCOME AND ASSETS *(COMPLETE ONLY IF CLAIMING SURVIVORS PENSION OR PARENTS DIC)*

*(Skip to Section XI if you are **NOT** claiming survivors pension benefits or parents DIC)*

IMPORTANT:

- If you are a surviving spouse claimant, you must report income and assets for yourself and for any child of the veteran who lives with you or for whom you are responsible unless a court has decided you do not have custody of the child.
- If you are a surviving child claimant (which means the child is not in the custody of a surviving spouse), you must report income and assets for yourself, your custodian, and your custodian's spouse.
- If you are a surviving parent claimant, you must report income for yourself and your spouse.

39. DO YOU OR YOUR DEPENDENTS RECEIVE SOCIAL SECURITY BENEFITS?

☒ YES ☐ NO (If "YES," complete Item 40) (If "NO," skip to Item 41)

40. GROSS MONTHLY INCOME (Attach a separate sheet if necessary)

SOCIAL SECURITY RECIPIENT	GROSS MONTHLY AMOUNT
Sally Veteran	$ 750
	$
	$
	$
	$

SAMPLE

41. DO YOU OWN YOUR PRIMARY RESIDENCE? (Parents' DIC claimants skip to Item 43A)

☐ YES ☒ NO

42A. WHAT IS THE SIZE OF THE LOT ON WHICH YOUR PRIMARY RESIDENCE SITS? (Square Feet)

Square Feet:_____

42B. COULD PART OF YOUR LOT BE SOLD *WITHOUT SELLING YOUR RESIDENCE?*

☐ YES ☒ NO (If "YES," complete and attach VA Form, 21P-0969, *Income and Asset Statement*)

IMPORTANT: VA matches income information reported with Federal tax information. Report ALL income you and your dependents receive on the appropriate sections of this form and VA Form 21P-0969, Income and Asset Statement, if appropriate.

43A. **OTHER THAN SOCIAL SECURITY**, DO YOU OR YOUR DEPENDENTS RECEIVE ANY INCOME?

☐ YES ☒ NO

43B. **OTHER THAN SOCIAL SECURITY**, DID YOU OR YOUR DEPENDENTS RECEIVE ANY INCOME LAST YEAR?

☐ YES ☒ NO

43C. DO YOU OR YOUR DEPENDENTS HAVE MORE THAN $10,000 IN ASSETS? (NOTE: Assets are all the money and property you or your dependents own. Assets ***do not*** include your primary residence or personal effects such as appliances and vehicles you or your dependents need for transportation)

☐ YES ☒ NO

43D. IN THE THREE CALENDAR YEARS BEFORE THIS YEAR, DID YOU OR YOUR DEPENDENTS TRANSFER ANY ASSETS? (Examples of asset transfers include giving them away, selling them, purchasing an annuity, or using them to establish a trust)

☐ YES ☒ NO

43E. DID YOU ANSWER "YES," TO ANY OF THE QUESTIONS IN ITEMS 43A THRU 43D?

☐ YES ☒ NO (If "Yes," you ***must*** also complete VA Form 21P-0969, *Income and Asset Statement*)

SECTION IX: INFORMATION ABOUT YOUR MEDICAL OR OTHER EXPENSES

Family medical expenses and certain other expenses you actually paid may be deductible from your income. Show the amount of unreimbursed medical expenses, including the Medicare deduction, you paid over the last year (or expect to pay and continue indefinitely) for yourself or relatives who are members of your household. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid. Last illness and burial expenses are unreimbursed amounts you paid for the last illness and burial of a spouse or child. Educational or vocational rehabilitation expenses are amounts you paid for courses of education including tuition, fees, and materials. Do not include any expenses for which you were/will be reimbursed. Please make sure to complete all 6 criteria below (if applicable). If you need more space, complete and attach a separate VA Form 21P-8416, Medical Expense Report.

IMPORTANT: If you are claiming expenses for in-home care or assisted living, adult day care, or similar facility, you must complete the applicable worksheet on pages 12 and 13.

44. ARE YOU CLAIMING UNREIMBURSED MEDICAL EXPENSES?

☒ YES ☐ NO (If "No," skip to Section X)

45A. WHOSE MEDICAL, LEGAL, OR OTHER EXPENSES WERE PAID?	45B. PAID TO (Name of provider, insurance company, nursing home, etc.)	45C.PURPOSE (Medicare premiums, nursing home, etc.)	45D. DATE PAID (MM,DD,YYYY)	45E. HOURLY RATE/HOURS (In-home Provider only)	45F. AMOUNT YOU PAY
Medical	Great Care Facility	Nursing Home	01/01/2015	$12.00	3,500
Medical	Good Medication	Prescription Drugs	01/01/2015		$200

SAMPLE

SECTION X: DIRECT DEPOSIT INFORMATION *(MUST COMPLETE)*

The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 46, 47, and 48 to enroll in direct deposit. If you ***do not*** have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at www.usdirectexpress.com or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

46. ACCOUNT NUMBER (Check the appropriate box and provide the account number, or simply write "Established" if you have a direct deposit with VA.)

☒ CHECKING ☐ SAVINGS ☐ I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT

Account No.: 2232323894 Account No.: _____

47. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)	48. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)
My Bank	44545545455

SECTION XI: CLAIM CERTIFICATION AND SIGNATURE *(MUST COMPLETE)*

I certify and authorize the release of information. I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

I certify I have received the notice attached to this application titled *Notice to Survivor of Evidence Necessary to Substantiate a Claim for Dependency Indemnity Compensation, Death Pension, and/or Accrued Benefits.*

I certify I have enclosed all information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility, such as a VA medical center; **OR,** I have no information or evidence to give VA to support my claim; **OR**, I have checked the box in Item 49, indicating that I do not want my claim considered for rapid processing in the Fully Developed Claim (FDC) Program because I plan to submit further evidence in support of my claim.

49. The FDC Program is designed to rapidly process compensation or pension claims received with the evidence necessary to decide the claim. VA will *automatically* consider a claim submitted on this form for rapid processing under the FDC Program. Check the box below **ONLY if you DO NOT want your claim considered for rapid processing** under the FDC Program because you plan to submit further evidence in support of your claim.

☐ **I DO NOT want my claim considered for rapid processing** under the FDC Program because I plan to submit further evidence in support of my claim.

50A. CLAIMANT'S SIGNATURE **(REQUIRED)**	50B. DATE SIGNED
	03/02/2020

SAMPLE

SECTION XII: WITNESSES TO SIGNATURE *(COMPLETE ONLY IF CLAIMANT SIGNED ITEM 50A WITH AN "X")*

51A. SIGNATURE OF WITNESS (If claimant signed above using an "X")	51B. PRINTED NAME AND ADDRESS OF WITNESS
52A. SIGNATURE OF WITNESS (If claimant signed above using an "X")	52B. PRINTED NAME AND ADDRESS OF WITNESS

PRIVACY ACT NOTICE: The form will be used to determine allowance to compensation and/or pension benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA 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 Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Your obligation to respond is required in order to obtain or retain benefits. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine your eligibility for pension. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **www.reginfo.gov/public/do/PRAMain**. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

WORKSHEET FOR AN ASSISTED LIVING, ADULT DAY CARE, OR A SIMILAR FACILITY

NOTE: Only complete this worksheet if you are claiming expenses for an assisted living facility, adult day care or similar facility.

IMPORTANT: VA recognizes the following five activities as Activities of Daily Living (ADLs) for medical expense purposes:

(1) Eating

(2) Bathing/Showering

(3) Dressing

(4) Transferring (for example, from bed to chair)

(5) Using the toilet

Custodial Care is regular -
- assistance with two or more ADLs, ***or***
- supervision because a person with a mental disorder is unsafe if left alone due to the mental disorder.

INSTRUCTIONS: Use this worksheet if you are claiming a disabled person's care in an assisted living facility, adult day care, or similar facility as unreimbursed medical expenses. Follow the steps below to determine whether VA may deduct all or some of your out-of-pocket payments to the facility.

STEP 1. Are the expenses you wish to claim due to the disabled person's treatment in a hospital, inpatient treatment center, nursing home, or VA approved medical foster home?

☐ YES ☐ NO (If "NO," continue to Step 2)

(If "YES," ***all*** payments to the facility qualify as medical expenses in Items 45A thru 45F. You are finished completing this worksheet)

STEP 2. Do ***all*** of the following apply to the facility?
- The facility is licensed (if the State or Country requires it)
- The facility's staff (or the facility's contracted staff) provides the disabled person with health care or custodial care or both.
- If the facility is residential, it is staffed 24 hours per day with caregivers.

☐ YES ☐ NO (If "NO," payments to the facility ***do not*** qualify as medical expenses. You are finished completing this worksheet)

STEP 3. Are you (the claimant) the disabled person, a surviving spouse, or a Parents' DIC claimant?

☐ YES ☐ NO (If "NO," skip to Step 6)

STEP 4. Did you claim special monthly pension or special monthly DIC in Item 37?

☐ YES ☐ NO (If "NO," payments to this facility for meals and lodging ***do not*** qualify as medical expenses. ***Only*** claim amount you pay the facility for ***health care services or assistance with ADLs provided by a health care provider*** in Items 45A thru 45F. Skip to Step 8)

STEP 5. If you answered "YES" in Step 2, you stated that the facility provides you with health care and/or custodial care. Is this the ***primary reason*** you live in the facility (or attend day care in the facility)?

☐ YES ☐ NO (If "YES," all payments to this facility ***may*** qualify as medical expenses in Items 45A thru 45F ***if*** VA rates you as eligible for special monthly pension or special monthly DIC. Please report the amount you pay the facility for lodging and meals separate from the amount you pay the facility for ***health care services or assistance with ADLs provided by a health care provider*** as medical expenses in Items 45A thru 45F. Skip to Step 8)
(If "NO," payments to this facility for meals and lodging ***do not*** qualify as medical expenses. Please report separately in Items 45A thru 45F applicable amounts you pay the facility for: (1) ***health care services or assistance with ADLs provided by a health care provider***; and (2) ***custodial care***. Skip to Step 8)

STEP 6. Does the disabled person require the health care services or custodial care that the facility provides to him or her because of the disabled person's mental or physical disability?

☐ YES ☐ NO (If "YES," you must submit a statement from a physician or physician assistant that (1) the disabled person requires the health care services or custodial care that the facility provides to him or her because of mental or physical disability, and (2) describes the mental or physical disabilty)
(If "NO," claim payments you pay this facility for ***health care services or assistance with ADLs provided by a health care provider*** in Items 45A thru 45F. Skip to Step 8)

STEP 7. If you answered "YES" in Step 2, you stated that the facility provides the disabled person with health care and/or custodial care. Is this the ***primary reason*** the disabled person lives in the facility (or attends day care in the facility)?

☐ YES ☐ NO (If "YES," claim all payments to this facility (to include meals and lodging) as medical expenses in Items 45A thru 45F)
(If "NO," ***only*** claim payments you pay the facility for assistance with ***health care and/or assistance with custodial care*** as medical expenses in Items 45A thru 45F. Payment to this facility for meals and lodging ***do not*** qualify)

STEP 8. Facility Certification: Please submit a current statement showing the fees the claimant pays to your facility and a breakdown of the care received.

I CERTIFY that the information stated within this WORKSHEET FOR AN ASSISTED LIVING, ADULT DAY CARE, OR SIMILAR FACILITY is accurate and reflects the current environment pertaining to _____ (Name of person staying at your facility)

and his or her care at this facility _____ (Name and address of facility).

_____ (Name, Signature and Title of Person Certifying for the Facility)

_____ (Date Certified)

SAMPLE

WORKSHEET FOR IN-HOME ATTENDANT EXPENSES

NOTE: Only complete this worksheet if you are claiming expenses for in-home care.

IMPORTANT: VA recognizes the following five activities as Activities of Daily Living (ADLs) for medical expense purposes:

(1) Eating

(2) Bathing/Showering

(3) Dressing

(4) Transferring (for example, from bed to chair)

(5) Using the toilet

Custodial Care is regular -
- assistance with two or more ADLs, ***or***
- supervision because a person with a mental disorder is unsafe if left alone due to the mental disorder

IMPORTANT: The following activities are examples of Instrumental Activities of Daily Living (IADLs) for VA purposes. VA generally ***does not*** recognize assistance with these activities as medical expenses: (1) Shopping; (2) Food Preparation; (3) Housekeeping; (4) Laundering; (5) Handling medications; (6) Using the telephone; (7) Transportation (except for medical purposes such as transportation to a doctor's appointment).

INSTRUCTIONS: Use this worksheet if you are claiming payments to a disabled person's in-home attendant as an unreimbursed medical expense.

Follow the steps below to determine whether or not:

- the attendant must be a health care provider for VA purposes ***and***
- VA may deduct payment for assistance with IADLs as well as assistance with ADLs and custodial care

STEP 1. Are you (the claimant) the disabled person, a surviving spouse, or a Parents' DIC claimant?

☐ YES ☐ NO (If "NO," skip to Step 4)

STEP 2. Did you claim special monthly pension on Item 37?

☐ YES ☐ NO (If "NO," payments to this in-home attendant for assistance with IADLs ***do not*** qualify as medical expenses. Please report separately in Items 45A thru 45F applicable amounts you pay an in-home attendant for: (1) health care services or assistance with ADLs provided by a health care provider and (2) custodial care. Skip to Step 6)

STEP 3. Is the ***primary responsibility*** of the in-home attendant to provide you with health care or custodial care?

☐ YES ☐ NO (If "YES," payments to this in-home attendant ***may*** qualify as medical expenses in Items 45A thru 45F ***if*** VA rates you as eligible for special monthly pension. Please report separately in Items 45A thru 45F amounts you pay an in-home attendant for: (1) health-care services or assistance with ADLs provided by a health care provider, (2) assistance with IADLs, and (3) custodial care. Skip to Step 6)

(If "NO," payments to this in-home attendant for assistance with IADLs ***do not*** qualify as medical expenses. Please report separately in Items 45A thru 45F applicable amounts you pay an in-home attendant for: (1) health care services or assistance with ADLs provided by a health care provider and (2) custodial care. Skip to Step 6)

STEP 4. Does the disabled person require the health care services or custodial care that the in-home attendant provides to him or her because of the disabled person's mental or physical disability?

☐ YES ☐ NO (If "YES," you must submit a statement from a physician or physician assistant that (1) the disabled person requires the health care services or custodial care that the in-home attendant provides to him or her because of mental or physical disability, and (2) describes the mental or physical disability)

(If "NO," the attendant ***must be a health care provider***. Only report payments to the in-home attendant for ***health care services or assistance with ADLs*** provided by the health care provider as medical expenses in Items 45A thru 45F. Payments for assistance with IADLs do not qualify as medical expenses. Skip to Step 6)

STEP 5. Is the ***primary responsibility*** of the in-home attendant to provide the disabled person with health care or custodial care?

☐ YES ☐ NO (If "YES," payments to the in-home attendant qualify as medical expenses (even assistance with IADLs) and can be reported in Items 45A thru 45F)

(If "NO," report payments to this in-home attendant for ***health care and/or custodial care*** as medical expenses in Items 45A thru 45F. Payments for assistance with IADLs ***do not*** qualify as medical expenses)

STEP 6. Check all activities below that the attendant assists the veteran or disabled person with:

ADLs: ☐ EATING ☐ BATHING/SHOWERING ☐ DRESSING ☐ TRANSFERRING ☐ USING THE TOILET

IADLs: ☐ SHOPPING ☐ FOOD PREPARATION ☐ HOUSEKEEPING ☐ LAUNDERING ☐ MANAGING FINANCES ☐ HANDLING MEDICATIONS ☐ USING THE TELEPHONE ☐ TRANSPORTANTION FOR NON-MEDICAL PURPOSES

STEP 7. **In-Home Attendant Certification**: Please submit a current breakdown of the time the attendant spends assisting the veteran or disabled person with health care services, ADLs and IADLs.

I CERTIFY that the information stated within this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES is accurate and

reflects the current environment pertaining to _____ (Name of Person Requiring Care)

and his or her care from _____ (Name of Attendant).

_____ (Name, Signature and Title of Certifying Official) _____ (Date Certified)

SAMPLE

IMPORTANT - SEE INSTRUCTIONS ON REVERSE Respondent Burden: 10 minutes

Department of Veterans Affairs

DESIGNATION OF BENEFICIARY
GOVERNMENT LIFE INSURANCE

DO NOT WRITE IN SPACE BELOW - FOR VA USE ONLY

ENTERED BY VA	DATE RECORDED	SIGNATURE OF VA INSURANCE OFFICIAL

1A. NAME OF INSURED AND MAILING ADDRESS FOR INSURANCE PURPOSES *(Type or print)*

Joseph John Veteran
(First, Middle, Last Name)

123 Main St
(Number and street or rural route)

Local Town, PA 11111
(City or P.O., State and ZIP Code)

2A. INSURANCE FILE NUMBER
F 123456

2B. SOCIAL SECURITY NUMBER
123-45-6789

3. DAYTIME TELEPHONE NUMBER *(Include Area Code)*
555-555-5555

1B. IS THIS A CHANGE OF ADDRESS FOR YOUR INSURANCE? ☐ YES ☒ NO

4. BENEFICIARY DESIGNATION

A. SHOW FULL NAME AND ADDRESS OF EACH BENEFICIARY ENTERED IN THE PRINCIPAL AND CONTINGENT BENEFICIARY AREAS BELOW	B. BENEFICIARY'S SOCIAL SECURITY NO. *(If known See instruction No. 5 on reverse)*	C. RELATION-SHIP TO INSURED	D. SHARE TO EACH *(Use fractions, such as 1/2, 2/3, or "all")*	E. OPTION FOR EACH
PRINCIPAL				
Joan Jane Veteran 123 Main St, Local Town, PA 11111	123-45-6789	Spouse	1/2	**LUMP SUM**
Joseph John Veteran, Jr. 123 Main St, Local Town, PA 11111	987-65-4321	Child	1/2	**LUMP SUM**
				LUMP SUM
				LUMP SUM
OR TO SURVIVORS				
CONTINGENT *(Person(s) who get proceeds if all of the Principal Beneficiaries die before the insured. If none, write "none")*				
None				**LUMP SUM**
				LUMP SUM
				LUMP SUM
				LUMP SUM
OR TO SURVIVORS				

5. REMARKS *(Include any additional information which will clarify your intent regarding the payment of your insurance. Also, list the policy number of any policy on which the beneficiary is not to be changed)*

I understand that this change cancels all prior beneficiary and option selections; and unless indicated in Item 5, Remarks, this change applies to all Government Life Insurance policies under the above file number.

6. SIGNATURE OF INSURED *(Do **NOT** print) (Power of Attorney signatures are **NOT** acceptable)*
Joan J. Veteran

7. DATE
01/01/2020

8. NAME AND ADDRESS OF WITNESS *(Type or print)*
Jeffrey Veteran
555 2nd St, Local Town, PA 11111

If you have any questions concerning designating a beneficiary, call us toll free at 1-800-669-8477.

VA FORM **29-336**
SEP 2014

EXISTING STOCKS OF VA FORM 29-336, APR 2010, WILL BE USED.

SAMPLE

DEPARTMENT OF VETERANS AFFAIRS GOVERNMENT LIFE INSURANCE
IMPORTANT INFORMATION AND INSTRUCTIONS FOR NAMING BENEFICIARIES

In order to protect your beneficiary(ies), it is important to keep your Beneficiary Designation up to date. A properly completed, current designation filed with your insurance records will ensure that your insurance will be paid to the person(s) you want to get it. The information and instructions on this page are provided to help you complete the Beneficiary Designation on the reverse side of this form.

1. You have the right to change the beneficiary(ies) at any time without the knowledge or consent of the prior beneficiary(ies). A state court order or divorce decree cannot restrict this right and is not binding on you.

2. You may name as beneficiary(ies) any person, firm, corporation or other legal entity including your estate.

3. This designation will cancel and replace all previous designations for all of your policies. Any policies you wish to be excluded from this designation must be listed in Item 5, "Remarks" on the designation form.

4. When inserting a beneficiary's name, please provide the first name, middle initial, and last name. For example, use John J. Smith. For married persons, use Mary K. Smith, not Mrs. John J. Smith.

5. DO NOT DELAY SENDING THIS DESIGNATION if you do not have a beneficiary's social security number handy. Your designation is still valid even if you do not know the social security number, so send this designation right away. Having the beneficiary's social security number will help us locate the beneficiary.

6. If you name more than one principal or contingent beneficiary, please show the share, in fractions such as 1/2 or 1/3, etc. which each is to receive and make certain that the shares total "1". Equal shares will be paid unless you designate otherwise.

7. The "LUMP SUM" preprinted in the "option for each" block means that the beneficiary(ies) may choose to receive the insurance in one lump sum or in monthly payments. For information on monthly payment options call our toll-free number below.

8. The preprinted phrase "or to survivor(s)" means that the share of a beneficiary(ies) who dies before you will be paid to the surviving beneficiaries. For example, if you name three principal beneficiaries and one dies before you, the share will be paid to the other two principal beneficiaries, not to any contingent beneficiaries. For information about alternatives to the automatic survivorship clause, please call our toll-free number below.

9. By law, if a designated principal beneficiary does not file a claim for payment within two years of the date of your death, then payment may be made to the beneficiary(ies) next entitled. If no claim for payment is received from any designated beneficiary within four years of the date of your death, your insurance will be paid in accordance with 38 U.S.C. 1917(f). If you do not designate a beneficiary, your insurance will be paid to your estate or to your heirs.

10. MAILING INSTRUCTIONS - Send the form promptly upon completion to the address below. A copy will be mailed to you as evidence of receipt by VA. The address is:

VARO & IC (B&O)
P.O. BOX 8638
PHILADELPHIA, PA 19101

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR GOVERNMENT LIFE INSURANCE, PLEASE FEEL FREE TO CALL OUR TOLL-FREE NUMBER 1-800-669-8477.

NOTE: THIS FORM IS NOT TO BE USED FOR SERVICEMEMBERS' OR VETERANS GROUP LIFE INSURANCE.

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title5, Code of Federal Regulations 1.576 for routine uses identified in the VA System of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny any individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701).

RESPONDENT BURDEN: We need this information to determine, establish or verify your eligibility for VA Insurance benefits (38 U.S.C. 5902). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet page at www.whitehouse.gov/library/omb/OMBINVC.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

VA FORM 29-336, SEP 2014

OMB Approved No. 2900-0060
Respondent Burden: 6 Minutes
Expiration Date: 10/31/2022

Department of Veterans Affairs

CLAIM FOR ONE SUM PAYMENT
GOVERNMENT LIFE INSURANCE

1. INSURANCE FILE NUMBER	2. INSURANCE POLICY NUMBER
123456	123456
3. FIRST, MIDDLE, LAST NAME OF INSURED VETERAN	4. DATE OF DEATH
Joseph John Veteran	01/01/2018

INSTRUCTIONS

WE NEED A PHOTOCOPY OF THE VETERAN'S DEATH CERTIFICATE OR A STATEMENT FROM THE ATTENDING PHYSICIAN SHOWING DATE AND CAUSE OF DEATH. ONLY ONE CERTIFICATE OR STATEMENT IS REQUIRED FOR OUR RECORDS.

If the beneficiary is a minor or incompetent, the person having custody of the beneficiary should complete the form and give his/her address in Item 8A. If you are signing as the guardian or attorney-in-fact, please include a copy of the court appointment or power of attorney.

This completed form may be submitted by:

MAIL: VA Insurance Center
P.O. Box 7208
Philadelphia, PA 19101

FAX: 1-888-748-5822

5. FIRST, MIDDLE AND LAST NAME OF BENEFICIARY *(Please print)*	6. RELATIONSHIP TO INSURED	7. DATE OF BIRTH OF BENEFICIARY
Joan Jane Veteran	Widow	01/01/1950

8A. MAILING ADDRESS *(MUST BE COMPLETED)*
123 Main St, Local Town, PA 11111

8B. BENEFICIARY'S SOCIAL SECURITY NUMBER	8C. EMAIL ADDRESS	8D. DAYTIME TELEPHONE NUMBER
123-45-6789	SampleAddress@va.gov	555-555-5555

IMPORTANT -This form must be signed by the beneficiary, guardian, or fiduciary, in Item 9, in order for payment to be made. If the beneficiary cannot sign his/her name, but is competent to handle his/her own affairs, an "X", made by the beneficiary and signed by two disinterested witnesses, is acceptable.

CERTIFICATION: I certify that the above entries are true and correct to the best of my knowledge and belief.

9. SIGNATURE OF BENEFICIARY, FIDUCIARY OR GUARDIAN *(Sign in ink)*	10. DATE
Joan J. Veteran	01/01/2020

COMPLETE THE BANK ACCOUNT INFORMATION BELOW IN BLOCKS A THROUGH E TO RECEIVE THIS PAYMENT ELECTRONICALLY. THE ACCOUNT MUST BE IN THE NAME OF THE PERSON, ESTATE, OR TRUST DESIGNATED AS BENEFICIARY OR FIDUCIARY. IF THE BENEFICIARY IS A TRUST OR ESTATE, YOU MUST COMPLETE BOX G.

A. NAME OF FINANCIAL INSTITUTION	B. ROUTING TRANSIT NUMBER *(NINE DIGIT FIELD)*
MY BANK	999999999

C. TELEPHONE NUMBER OF FINANCIAL INSTITUTION	D. TYPE	E. DEPOSITOR ACCOUNT NUMBER
555-555-5555	☒ CHECKING ☐ SAVINGS	888888888

F. BENEFICIARY'S SOCIAL SECURITY NUMBER *(Required for Direct Deposit)*	G. EIN OR TIN NUMBER *(FOR TRUST OR ESTATE ONLY)*
123-45-6789	11111111

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses identified in the VA system of records, 36VA29, Veterans and Uniformed Services Personnel Programs of U.S. Government Life Insurance Records-VA, and published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

RESPONDENT BURDEN: We need this information to determine, establish or verify your eligibility for VA Insurance benefits (38 U.S.C. 5902). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 6 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. Comments on the accuracy of this burden or suggestions to decrease the burden may be included with the submission of this form or sent separately to VA Insurance Center, P.O. Box 7208, Philadelphia, PA 19101 or faxed to 1-888-748-5822.

VA FORM OCT 2019 **29-4125** SUPERSEDES VA FORM 29-4125, DEC 2016, WHICH WILL NOT BE USED.

SAMPLE

OMB Control No. 2900-0013
Respondent Burden: 15 Minutes
Expiration Date: 06-30-2021

Department of Veterans Affairs — APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us the veteran's SSN account information is voluntary. Refusal to provide the veteran's SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine entitlement to benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine eligibility for issuance of a burial flag to a family member or friend of a deceased veteran (38 U.S.C. 2301). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

IMPORTANT - Postmaster or other issuing official: Submit this form to the nearest VA regional office. Be sure to complete the stub at the bottom.

INFORMATION ABOUT THE DECEASED VETERAN *(Complete as much as possible)*

(Information provided is considered essential when applying for other VA benefits.)

1. FIRST, MIDDLE, LAST NAME OF VETERAN *(Print or type)*	2. MAIDEN NAME OR OTHER NAME(S) VETERAN USED WHILE ON ACTIVE DUTY *(Print or type)*
Joe Sam Marine	

3. VA FILE NUMBER	4. SOCIAL SECURITY NUMBER	5. MILITARY SERVICE NUMBER/SERIAL NUMBER
000113333		

6. BRANCH OF SERVICE *(Check box)*

☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☒ COAST GUARD ☐ SELECTED SERVICE ☐ OTHER *(Specify)*

7. DATE ENTERED ACTIVE DUTY (*or Selected Reserve*)	8. DATE RELEASED FROM ACTIVE DUTY (*or Selected Reserve*)	9. DATE OF BIRTH	10. DATE OF DEATH
05/22/1973	05/12/1979	06/12/1965	11/22/2019

11. DATE OF BURIAL	12. PLACE OF BURIAL *(Name of cemetery, city, and State)*
01/30/2020	Local Cemetery, Local Town, MN

13. HAS DOCUMENTATION BEEN PRESENTED OR ATTACHED THAT SHOWS THE VETERAN MEETS THE ELIGIBILITY CRITERIA? *(See Paragraphs C, D, and E of the "Instructions")*

☒ YES ☐ NO *(If "No," explain in Item 15, "Remarks" (See paragraph E of the "Instructions"))*

INFORMATION ABOUT THE FLAG RECIPIENT AND APPLICANT

14A. NAME OF PERSON ENTITLED TO RECEIVE FLAG	14B. RELATIONSHIP OF DECEASED VETERAN *(See Paragraph F of the "Instructions")*
Jessie A Son	Daughter

14C. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG *(Number and street or rural route, city or P.O., State and ZIP Code)*	14D. TELEPHONE NUMBER
123 2nd St, Local Town, MN 11111	3336667777

15. REMARKS

SAMPLE

I CERTIFY that the statements made in this document are true and complete to the best of my knowledge. I further certify that the deceased veteran is eligible, in accordance with the attached instructions, for issue of a United States flag for burial purposes, and such flag has not been previously applied for or furnished.

16. SIGNATURE OF APPLICANT *(Sign in INK)*	17. ADDRESS OF APPLICANT (*Number and street or rural route, city or P.O., and ZIP Code*)	18. RELATIONSHIP TO DECEASED VETERAN	19. DATE SIGNED
/s/	123 2nd St, Local Town, MN 11111	Daughter	01/06/202

PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine, imprisonment, or both.

ACKNOWLEDGMENT OF RECEIPT OF FLAG (ONLY ONE FLAG MAY BE ISSUED FOR EACH DECEASED VETERAN)

20. SIGNATURE OF PERSON RECEIVING FLAG *(Sign in INK)*	21. DATE FLAG ISSUED

22. NAME AND ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT	FOR VA USE	
	DATE NOTIFICATION FORWARDED TO SUPPLY	STATION NUMBER

VA FORM 27-2008, JUN 2018 SUPERSEDES VA FORM 27- 2008, MAR 2015, WHICH WILL NOT BE USED.

This stub is to be completed by the POSTMASTER or other issuing official. Upon receipt the VA Regional Office will detach and forward it to the appropriate Supply Officer.

NOTIFICATION OF ISSUANCE OF FLAG

DATE FLAG ISSUED	ISSUING POINT TELEPHONE NO.	ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT
SIGNATURE OF POSTMASTER OR OTHER ISSUING OFFICIAL		

VA FORM JUN 2018 **27-2008** SUPERSEDES VA FORM 27- 2008, MAR 2015, WHICH WILL NOT BE USED. SEE INSTRUCTIONS

INSTRUCTIONS

A. How can I contact VA if I have questions?
If you have questions about this form, how to fill it out, or about benefits, contact your nearest VA regional office. You can locate the address of the nearest regional office in your telephone book blue pages under "United States Government, Veterans" or call 1-800-827-1000 (Hearing Impaired TDD relay line is 711). You may also contact VA by Internet at **https://iris.custhelp.com/**.

B. How do I apply for a burial flag?
Complete VA Form 27-2008, and submit it to a funeral director or a representative of the veteran or other organization having charge of the funeral arrangements or acting in the interest of the veteran. You may get a flag at any VA regional office or U.S. Post Office. When burial is in a national, State or military post cemetery, a burial flag will be provided.

C. Who is eligible for a burial flag?
Generally, veterans with an other than dishonorable discharge. ***Note:*** This includes veterans who served in the Philippine military forces while such forces were in the service of the U.S. armed forces under the President's Order of July 26, 1941 and died on or after April 25, 1951, and veterans who served in the Philippine military services are eligible for burial in a national cemetery.

Veterans who were entitled to retired pay for service in the reserves, or would have been entitled to such pay but not for being under 60 years of age.

Members or former members of the Selected Reserve (Army, Air Force, Coast Guard, Marine Corps, or Naval Reserve; Air National Guard; or Army National Guard) who served at least one enlistment or, in the case of an officer, the period of initial obligation, or were discharged for disability incurred or aggravated in line of duty, or died while a member of the Selected Reserve.

D. Who is not eligible for a burial flag?
Veterans who received a dishonorable discharge.

• Members of the Selected Reserve whose last discharge from service was under conditions less favorable than honorable.

• Peacetime veterans who were discharged before June 27, 1950 and did not serve at least one complete enlistment or incur or aggravate a disability in the line of duty.

• Veterans who were convicted of a Federal capital crime and sentenced to death or life imprisonment, or were convicted of a State capital crime and sentenced to death or life imprisonment without parole, or were found to have committed a Federal or State capital crime but were not convicted by reason of not being available for trial due to death or flight to avoid prosecution.

• Discharged or rejected draftees, or members of the National Guard, who reported to camp in answer to the President's call for World War I service but who, when medically examined, were not finally accepted for military service.

• Persons who were discharged from World War I service prior to November 12, 1918, on their own application or solicitation by reason of being an alien, or any veterans discharged for alienage during a period of hostilities.

VA FORM 27-2008, JUN 2018

D. Who is not eligible for a burial flag? *(Continued)*

• Persons who served with any of the forces allied with the United States in any war, even though United States citizens, if they did not serve with the United States armed forces.

• Persons inducted for training and service who, before entering such training and service were transferred to the Enlisted Reserve Corps and given a furlough.

• Former temporary members of the United States Coast Guard Reserve.

E. What documentation is required in order to receive a burial flag?
Provide a copy of the veteran's discharge documents that shows service dates and the character of service, such as DD Form 214, or verification of service from the veteran's service department or VA. Various information requested, is considered essential to the proper processing of the application. Ensure these areas are completed as fully as possible. *Note:* If the claimant is unable to provide documentary proof, a flag may be issued when a statement is made by a person of established character and reputation that he/she personally knows the deceased to have been a veteran who meets the eligibility criteria.

F. Who is eligible to receive a burial flag?
Only one flag may be issued for each deceased veteran. Generally, the flag is given to the next-of-kin as a keepsake after its use during the funeral service. The flag is given to the following person(s) in the order of precedence listed:

• surviving spouse

• children, according to age

• parents, including adoptive, stepparents, and foster parents

• brothers or sisters, including brothers or sisters of half blood

• uncles or aunts

• nephews or nieces

• others, such as cousins or grandparents

Note: When there is no next-of-kin, VA will furnish the flag to a friend making a request for it. If there is no living relative or one cannot be located, and no friend requests the flag, it must be returned to the nearest VA facility.

Note: The flag cannot be replaced if it is lost, destroyed, or stolen. Additionally, a flag may not be issued after burial unless it was impossible to obtain a flag in time to drape the casket or accompany the urn before burial. If the next-of-kin or friend is requesting the flag after the veteran's burial, he or she must personally sign the application and explain in Item 15 "Remarks" the reason that prevented timely application for a burial flag.

ISSUING OFFICIAL WILL DETACH THIS SHEET AND PRESENT IT TO THE RECIPIENT OF THE FLAG

USE OF THE FLAG

1. This flag is issued on behalf of the Department of Veterans Affairs to honor the memory of one who has served our country.

2. When used to drape the casket, the flag should be placed as follows:

(a) Closed Casket - When the flag is used to drape a closed casket, it should be so placed that the union (blue field) is at the head and over the left shoulder of the deceased.

(b) Half Couch (Open) - When the flag is used to drape a half-couch casket, it should be placed in three layers to cover the closed half of the casket in such a manner that the blue field will be the top fold, next to the open portion of the casket on the deceased's left.

(c) Full Couch (Open) - When the flag is used to drape a full-couch casket, it should be folded in a triangular shape and placed in the center part of the head panel of the casket cap, just above the left shoulder of the deceased.

3. During a military commitment ceremony, the flag which was used to drape the casket is held waist high over the grave by the pallbearers and, immediately after the sounding of "Taps," is folded in accordance with the illustration below.

4. Folding the flag (see illustration below):

5. The flag should not be lowered into the grave or allowed to touch the ground. When taken from the casket, it should be folded as shown (see illustration).

6. The flag should form a distinctive feature of the ceremony of the unveiling of a statue or monument, but it should never be used as a covering for the statue or monument.

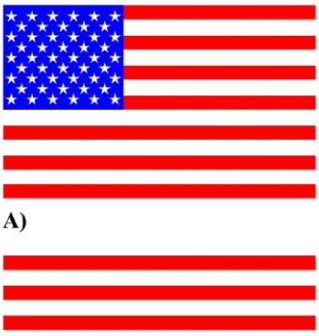
7. The flag should never be fastened, displayed, used, or stowed in such a manner as will permit it to be easily torn, soiled, or damaged in any way.

8. The flag should never have placed upon it, nor any part of it, nor attached to it, any mark, insignia, letter, word, figure, design, picture, or drawing of any nature.

9. The flag should never be used as a receptacle for receiving, holding, carrying, or delivering anything.

10. The flag, when badly worn, torn, or soiled should no longer be publicly displayed, but privately destroyed by burning in such a manner as to convey no suggestion of disrespect or irreverence.

CORRECT METHOD OF FOLDING THE UNITED STATES FLAG



(A) Straighten out the flag to full length and fold lengthwise once, folding the lower striped section of the flag over the blue field.



(B) Fold the flag lengthwise a second time to meet the open edge, making sure that the union of stars on the blue field remains outward in full view.



(C) A triangular fold is then started by bringing the striped corner of the folded edge to the open edge.



(D) The outer point is then turned inward, parallel with the open edge to form a second triangle.



(E) The diagonal or triangular folding is continued toward the blue union until the end is reached, with only the blue showing and the form being that of a cocked (three corner) hat.

VA FORM 27-2008, JUN 2018

Notes

Veterans Crisis Line

1-800-273-8255



VA PAM 27-18-1
March 2020
P96888

VA

U.S. Department of Veterans Affairs

Veterans Benefits Administration