

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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE			2. TYPE OF REQUEST <input type="checkbox"/> INITIAL REQUEST (<i>First time</i>) <input type="checkbox"/> REPLACEMENT (<i>Specify reason in Block 33, Remarks</i>)		
3. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (<i>No Nicknames or titles permitted</i>) FIRST (<i>Or Initial</i>) MIDDLE (<i>Or Initial</i>) LAST SUFFIX (<i>Sr., Jr., II, III, etc.</i>)			4. GRAVE IS: <input type="checkbox"/> CURRENTLY MARKED (<i>with privately purchased marker</i>) <input type="checkbox"/> NOT MARKED		
5. RACE OR ETHNICITY (<i>You may select more than one. Information will be used for statistical purposes only.</i>) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> OTHER (<i>Specify</i>) _____			6. GENDER (<i>Information will be used for statistical purposes only.</i>) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		7. AGE AT TIME OF DEATH

VETERAN'S SERVICE AND IDENTIFYING INFORMATION (<i>Use numbers only, e.g., 05-15-1941</i>)							
8. VETERAN'S SOCIAL SECURITY NO. AND/OR SERVICE NO.: SSN: _____ AND/OR SVC. NO.: _____		9. PLACE OF BIRTH (<i>City and State or Country</i>) _____		10A. DATE OF BIRTH MONTH DAY YEAR		10B. DATE OF DEATH MONTH DAY YEAR	

PERIODS OF ACTIVE MILITARY DUTY (<i>For additional space use Block 33</i>)					
11A. DATE(S) ENTERED			11B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR

12. HIGHEST RANK ATTAINED (<i>No pay grades</i>) _____	13. BRANCH OF SERVICE (<i>Check applicable box(es) - must be consistent with rank in Box 12</i>) MARINE COAST AIR ARMY AIR MERCHANT OTHER ARMY NAVY CORPS GUARD FORCE FORCES MARINE (<i>Specify</i>) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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14. VALOR OR PURPLE HEART AWARD(S) (<i>Documentation must be provided</i>) MEDAL OF DST SVC SILVER DST FLYING PURPLE AIR OTHER HONOR CROSS STAR CROSS HEART MEDAL (<i>Specify</i>) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15. TYPE OF HEADSTONE OR MARKER REQUESTED (<i>Check one</i>) FLAT FLAT UPRIGHT FLAT BRONZE UPRIGHT SMALL FLAT BRONZE GRANITE MARBLE MARBLE NICHE GRANITE GRANITE <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/> Z <input type="checkbox"/> V <input type="checkbox"/> L
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16. WAR SERVICE (<i>Check applicable box(es)</i>) <input type="checkbox"/> WORLD WAR II <input type="checkbox"/> PERSIAN GULF <input type="checkbox"/> KOREA <input type="checkbox"/> AFGHANISTAN <input type="checkbox"/> VIETNAM <input type="checkbox"/> IRAQ <input type="checkbox"/> OTHER (<i>Specify</i>) _____	17. EMBLEM OF BELIEF (<i>Optional</i>) EMBLEM NUMBER (<i>Specify</i>) (<i>See page 5 for available emblems</i>) <input type="checkbox"/> _____ <input type="checkbox"/> NONE
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18. ADDITIONAL INSCRIPTION/TERM OF ENDEARMENT (*Optional*) (*Space will vary according to type of marker*)

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

20. ARE YOU:

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

21. I WOULD LIKE A PRESIDENTIAL MEMORIAL CERTIFICATE
 YES NO

22. IF "YES" HOW MANY?

CERTIFICATION: By signing below I certify the headstone or marker will be installed in the cemetery listed in block 27 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge. I also certify, to the best of my knowledge, that the decedent has never committed a serious crime, such as murder or other offense that could have resulted in imprisonment for life, has never been convicted of a serious crime, and has never been convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.

PENALTY: The law provides severe penalties, which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any benefit to which you are not entitled.

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

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

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

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

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

- | | | | | | | | | | |
|---|---|---|---|---|---|--|---|---|---|
|  |  |  |  |  |  |  |  |  |  |
| (01)
CHRISTIAN
CROSS | (02)
BUDDHIST
(Wheel of
Righteousness) | (03)
HEBREW
(Star of David) | (04)
PRESBYTERIAN
CROSS | (05)
RUSSIAN
ORTHODOX
CROSS | (06)
LUTHERAN
CROSS | (07)
EPISCOPAL
CROSS | (08)
UNITARIAN
CHURCH
(Flaming Chalice) | (09)
UNITED
METHODIST
CHURCH | (10)
AARONIC
ORDER
CHURCH |
|  |  |  |  |  |  |  |  |  |  |
| (11)
MORMON
(Angel Moroni) | (12)
NATIVE
AMERICAN
CHURCH OF
NORTH AMERICA | (13)
SERBIAN
ORTHODOX | (14)
GREEK CROSS | (15)
BAHAI
(9 Pointed Star) | (16)
ATHEIST | (17)
MUSLIM
(Crescent and
Star) | (18)
HINDU | (19)
KONKO-
KYO
FAITH | (20)
COMMUNITY
OF CHRIST |
|  |  |  |  |  |  |  |  |  |  |
| (21)
SUFISM
REORIENTED | (22)
TENRIKYO
CHURCH | (23)
SEICHO-NO-IE | (24)
CHURCH OF
WORLD
MESSIANITY | (25)
UNITED CHURCH
OF
RELIGIOUS
SCIENCE | (26)
CHRISTIAN
REFORMED
CHURCH | (27)
UNITED
MORAVIAN
CHURCH | (28)
ECKANKAR | (29)
CHRISTIAN
CHURCH | (30)
CHRISTIAN
&
MISSIONARY
ALLIANCE |
|  |  |  |  |  |  |  |  |  |  |
| (31)
UNITED
CHURCH OF
CHRIST | (32)
HUMANIST | (33)
PRESBYTERIAN
CHURCH
(USA) | (34)
IZUMO
TAISHAKYO
MISSION OF
HAWAII | (35)
SOKA GAKKAI
INTERNATIONAL
(USA) | (36)
SIKH
(KHANDA) | (37)
WICCA
(Pentacle) | (38)
LUTHERAN
CHURCH
MISSOURI
SYNOD | (39)
NEW
APOSTOLIC
CHURCH | (40)
SEVENTH
DAY
ADVENTIST
CHURCH |
|  |  |  |  |  |  |  |  |  |  |
| (41)
CELTIC
CROSS | (42)
ARMENIAN
CROSS | (43)
FAROHAR | (44)
MESSIANIC
JEWISH | (45)
KOHEN HANDS | (46)
CATHOLIC
CELTIC
CROSS | (47)
CHRISTIAN
SCIENTIST
(Cross &
Crown) | (48)
MEDICINE
WHEEL | (49)
INFINITY | (51)
LUTHER
ROSE |
|  |  |  |  |  |  |  |  |  |  |
| (52)
LANDING
EAGLE | (53)
FOUR
DIRECTIONS | (54)
CHURCH
OF NAZARENE | (55)
HAMMER OF
THOR | (56)
UNIFICATION
CHURCH | (57)
SANDHILL
CRANE | (58)
CHURCH
OF GOD | (59)
POMEGRANATE | (60)
MESSIANIC | (61)
SHINTO |
|  |  |  |  |  | | | | | |
| (62)
SACRED
HEART | (63)
AFRICAN
ANCESTRAL
TRADITIONALIST
(Nyame Ye Ohene) | (64)
MALTESE
CROSS | (65)
DRUID
(Awen) | (66)
MUSLIM
(Islamic 5 Pointed
Star) | | | | | |

To obtain the most recent information about headstones and markers including the complete and most current list of available emblems of belief (listing all names and graphics), please visit our website at www.cem.va.gov. You may also request a copy of this list by contacting our Applicant Assistance Unit toll free at 1-800-697-6947 or via e-mail at: mps.headstones@va.gov.