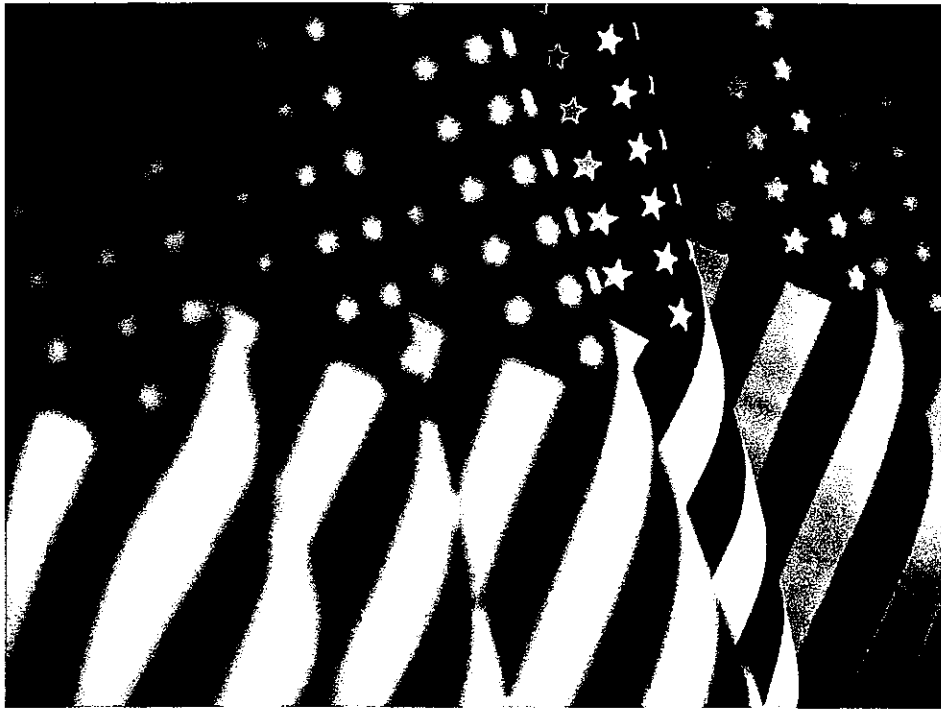


# New York State Senate



## Veterans Casualty Assistance Program

Compliments of

**Senator Patrick M. Gallivan**

**59<sup>th</sup> Senate District**

COMMITTEE CHAIRMAN  
SOCIAL SERVICES

THE SENATE  
STATE OF NEW YORK

ALBANY OFFICE:  
ROOM 947  
LEGISLATIVE OFFICE BUILDING  
ALBANY, NEW YORK 12247  
PHONE: (518) 455-3471  
FAX: (518) 426-6949

COMMITTEE ASSIGNMENTS  
AGRICULTURE  
BANKS  
CODES  
CRIME VICTIMS, CRIME &  
CORRECTIONS  
CULTURAL AFFAIRS, TOURISM,  
PARKS & RECREATION  
ELECTIONS  
HOUSING, CONSTRUCTION &  
COMMUNITY DEVELOPMENT  
LABOR  
SOCIAL SERVICES



**PATRICK M. GALLIVAN**  
Senator, 59th District

DISTRICT OFFICE:  
4729 TRANSIT ROAD, SUITE 7  
DEPEW, NY 14043  
PHONE: (716) 656-8544  
FAX: (716) 656-8961

E-MAIL ADDRESS:  
GALLIVAN@NYSenate.GOV

WEB SITE:  
GALLIVAN.NYSenate.GOV

DEAR VETERANS AND FAMILY MEMBERS,

The United States of America has traditionally paid its respects to deceased veterans by providing honorary, and in many cases, financial services to members of the veteran's family.

While it is sometimes painful to plan ahead for the parting of a loved one, it is nonetheless wise for veterans and their families to ease the transition during this time by collecting important information now.

This document serves as a checklist for veterans and their families in obtaining this information, including access to current forms, military data, burial benefits and other official documents which may be required to satisfy the Veterans' Administration, as well as insurance companies, the Social Security Administration and others.

**There are seven sections in this document:**

- Section I:** Veteran's personal data.
- Section II:** Checklist to use at the time of the veteran's passing.
- Section III:** A list of official documents needed to submit claims for VA benefits, a list of useful veteran's contacts, a summary of veteran burial honors and a form for miscellaneous data.
- Section IV:** Application for Headstone or Grave Marker (VA Form 40-1330).
- Section V:** Application for U.S. Flag for Burial Purposes (VA Form 21-2008).
- Section VI:** Application for Burial Benefits (VA Form 21-530).
- Section VII:** Application for Military Record Requests (NARA Standard Form 180)

Finally, please do not hesitate to contact me for any assistance you may require in obtaining the honors and benefits that the United States confers upon the death of those who served in time of war. For constantly updated information please visit my website at [gallivan.nysenate.gov](http://gallivan.nysenate.gov).

Sincerely,

A handwritten signature in black ink that reads 'Patrick M. Gallivan'. The signature is written in a cursive style and is followed by a horizontal line.

Patrick M. Gallivan  
Senator -- 59<sup>th</sup> District

# Section I

## VETERANS PERSONAL DATA

Veteran's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Name used in service if different from above: \_\_\_\_\_

Place and date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Military Service Number(s): \_\_\_\_\_

VA Claim Number: \_\_\_\_\_

Federal Retirement (USCS) Number: \_\_\_\_\_

Branch(s) of Service	Date Entered	Date Separated	Highest Rank/Grade/Rating (Including Reserves)

VA Claims - type \_\_\_\_\_ Monthly Amount \_\_\_\_\_  
(Compensation/Pension)

Government Insurance - Amount \_\_\_\_\_ Policy Number \_\_\_\_\_

Beneficiary(s) \_\_\_\_\_

Awards and Decorations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FAMILY PERSONAL DATA

Spouse's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Spouse's Social Security Number: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Dependent Children: (List name of each dependent child and social security number)

Name	Social Security No.
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

## **OF THE UTMOST IMPORTANCE**

It is extremely important to have a copy of your discharge/DD214 (and your enclosed veterans Personal data form) available to other family members, clergy, attorneys, etc. In case of an accident or emergency you may not always be capable of communicating, and this form is vital in obtaining services from the VA hospital systems.

**Note:** Discharge/DD214 – before 1950 the term “discharge” was used for both the WD AGO 53-55 or discharge certificate and the back side of the discharge form with the important information on it. After 1950, the form is a DD214. A “Certificate of Military Service” is not proof of service.

## **WAR TIME DATES DETERMINE BENEFITS**

### **PERIODS OF SERVICE CURRENTLY RECOGNIZED AS “WARTIME” ARE:**

- \* **World War I:** April 6, 1917 – November 11, 1918
- \* **World War II:** December 7, 1941 – December 31, 1946
- \* **Korean War:** June 27, 1950 – January 31, 1955
- \* **Vietnam War:** December 22, 1961 – May 7, 1975\*
- \* **Persian Gulf War:** August 2, 1990 – date still open

In addition, other veterans may be eligible for certain New York State veterans benefits if they served in certain hostile actions and received an Armed Forces Expeditionary Medal.

- \* The starting date for federal benefits is August 5, 1964 or February 26, 1961, for veterans who served “in country” before August 5, 1964.

## Section II

### WHAT TO DO WHEN DEATH OF A VETERAN OCCURS

1. **Call a relative or friend** who can immediately assist you in handling some of the details listed below.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

2. **Call clergy.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

3. **Call a funeral director.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

#### **Funeral Arrangements and Service:**

Name of Cemetery: \_\_\_\_\_

Hymns: \_\_\_\_\_

Psalms: \_\_\_\_\_

Scripture: \_\_\_\_\_

Special Requests: \_\_\_\_\_

4. **Notify employer or business associate.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

5. If desired, instruct the funeral director to submit an obituary which would be prepared by the funeral director with information supplied by the family. Most newspapers will accept obituaries only from funeral directors.

6. After funeral arrangements and other priority matters are completed, take care of the following:
- ◆ Notify insurance companies
  - ◆ Notify banks and other institutions
  - ◆ Notify the Social Security office
  - ◆ Contact your county Veterans Service Agency for assistance with necessary forms.
  - ◆ Contact the New York State Division of Veterans' Affairs by telephone at: 1-888-VETS-NYS

## **NEW YORK STATE DIVISION OF VETERANS' AFFAIRS**

5 Empire State Plaza, Suite 2386  
Albany, NY 12223-1551  
Phone: (518) 474-6114  
Fax: (518) 473-0379  
Website: [veterans.ny.gov](http://veterans.ny.gov)

VA Medical Center  
3495 Bailey Ave, Room 602C  
Buffalo, NY 14215  
Phone: (716) 862-8902  
Fax: (716) 862-6703

NYS Division of VA @ Hamburg Town Hall  
6100 South Park Ave.  
Hamburg, NY 14075  
Phone: (716) 649-6111

NYS Division of VA @ Evans Town Hall  
8787 Erie Rd  
Angola, NY 14006

NYS Division of VA @ L.K. Painter Community Center  
2355 Main Street  
Collins, NY 14034-0575  
Phone: (716) 532-0674  
Fax: (716) 532-5170

Canandaigua VA Medical Center  
400 Fort Hill Avenue  
Canandaigua, NY 14424-1188  
Phone: (585) 393-7752

\*Apply for Presidential Certificate  
See page 15 for Details.



## Section III

### USEFUL CONTACT AGENCIES

#### Wyoming County Agencies

Veterans' Services Wyoming County  
26 Linwood Ave., Suite 2, Warsaw, NY 14569  
Tel. No (585) 786-8860 ~ Fax. No. (585) 786-6060

Warsaw Outpatient Clinic  
Wyoming County Community Hospital  
400 North Main Street  
Warsaw, New York 14569

#### Ontario County Agencies

Veterans' Services Ontario County  
3010 County Complex Drive, Canandaigua, NY 14424-9502  
Tel. No. (585) 396-4185

Canandaigua VA Medical Center  
400 Fort Hill Avenue  
Canandaigua, NY 14424  
585-394-2000 | 800-204-9917

#### Livingston County Agencies

Veterans' Services Livingston County  
7 Murray Hill Drive, Mt. Morris, NY 14510  
Tel. No (585) 243-7960 ~ Fax. No. 243-7961

VA Rochester Clinic  
465 Westfall Road  
Rochester, NY 14620-4645  
(585) 463-2600

#### Erie County Agencies

Veterans' Services Erie County  
Rath Building, Suite 800  
95 Franklin St. Buffalo, NY 14202  
Tel. No. (716) 858-6363

Lockport VA Outpatient Clinic  
5883 Snyder Drive  
Lockport, New York 14094  
(716) 438-3890

Lackawanna Outpatient Clinic  
OLV Family Care Center  
227 Ridge Road  
Lackawanna, NY 14218  
(716) 822-5944 ~ Fax: (716) 822-3937

Buffalo VA Hospital  
3495 Bailey Avenue  
Buffalo, NY 14215  
716-834-9200

Batavia VA Medical Center  
222 Richmond Avenue  
Batavia, NY 14020  
585-297-1000

Buffalo Department of Veterans Affairs Regional Office:  
130 South Elmwood Avenue  
Buffalo, NY 14202

#### U.S. Department of Veterans Affairs

Regional Office  
245 W. Houston Street  
New York, NY 10014  
Tel. (800) 827-1000

Firing Detail and Bugler  
United States Military Academy  
West Point, NY 10996  
Tel. (845) 938-2006

Firing Detail  
"B" Battery, 1/156<sup>th</sup> Field Artillery  
New York State Armory  
355 South William St.  
Newburgh, NY 12550  
Tel. (845) 569-9611

Office of Public and Consumer Affairs  
810 Vermont Ave., NW  
Washington, DC 20420  
Tel. (800) 697-6947

#### National Cemeteries in New York State

Bath National Cemetery and Woodlawn  
VA Medical Center  
San Juan Ave.  
Bath, NY 14810

Calverton National Cemetery  
210 Princeton Blvd.  
Calverton, NY 11933  
Tel. (631) 727-5410

Long Island National Cemetery  
2040 Wellwood Ave.  
Farmingdale, NY 11735  
Tel. (631) 454-4949

Saratoga National Cemetery  
200 Duell Rd.  
Schuylerville, NY 12871  
Tel. (518) 581-9128

## **IMPORTANT DOCUMENTS NEEDED FOR VA CLAIMS AND OTHER PERSONAL AFFAIRS MATTERS:**

- ◆ **Death Certificate** - Funeral Director will provide original copy.  
Normally there is a charge for each additional copy.
- ◆ **Birth Certificate of Veteran**
- ◆ **Burial Plot Deed** for private cemetery funerals
- ◆ **Military Report of Separation (DD-214) (WD AGO 53-55)**
- ◆ **Copies of Discharge Papers**
- ◆ **Award of Disability Compensation or Pension Document**
- ◆ **SGLI or Government Insurance Policies**
- ◆ **Marriage Certificate(s)**
- ◆ **Birth Certificates for Dependents**
- ◆ **Adoption Papers for Dependents**
- ◆ **Death Certificate (Previous Spouse)**
- ◆ **Divorce Papers**

## ADDITIONAL CONTACT PHONE NUMBERS

### Archives

Air Force History Support Office- Washington DC.....	202-404-2264
Defense Manpower Center- Washington DC.....	703-696-5796
Maryland State Archives, Vietnam War Collection.....	410-260-6400
National Archives of the United States, Military Records.....	301-713-7250
Naval Historical Center- Washington DC.....	202-433-3170
Vietnam Archive, Texas Tech University Library, Lubbock, TX.....	805-742-3742
Vietnam War Collection, Connelly Library, La Salle University.....	215-951-1285
U.S. Army Center of Military History- Washington DC.....	202-685-2706
William Joiner Center- Boston, MA.....	617-287-5850

### Children and Families of Vietnam Vets

ABDC Registry Hotline.....	800-313-ABDC
Gold Star Mothers- Washington, DC.....	202-265-0991
National Information System for Vietnam Veterans and Their Families.....	800-922-9234
Sons and Daughters In Touch.....	800-984-9994
Veterans' Families of America- Phoenix, AZ.....	888-289-0953
Wilderness Inquiry- Minneapolis, MN.....	800-728-0719

### Congressional Committees

Senate Committee on Veterans Affairs- Washington DC.....	202-224-9126
House Committee on Veteran Affairs- Washington DC.....	202-225-3527
Bipartisan Veterans' Health-care Coalition- Washington DC.....	202-225-6416
Congressional Rural Health-care Coalition- Washington DC.....	202-225-5506
Vietnam-era Veterans in Congress- Washington DC.....	202-225-5905
Fax- Washington DC.....	202-225-5369

### U.S. Department of Veterans Affairs

VA Regional Office.....	800-827-1000
Office of the Secretary- Washington DC.....	202-273-4800
Office of the Inspector General- Washington DC.....	202-565-8620
Arlington National Cemetery.....	703-697-2131
Board of Veterans Appeals- Washington DC.....	202-565-5436
Central Office (main switchboard- Washington DC.....	202-273-5400
Government Life Insurance.....	800-669-8477
Personnel Locator- Washington DC.....	202-273-4950
Persian Gulf Veterans Hotline.....	800-PGW-VETS
Education Benefits.....	800-442-4551
Sexual Trauma Hotline.....	800-532-8387

(cont.)

(cont.)

### **Other Government Agencies**

Department of Defense- Washington DC.....703-545-6700  
Department of Labor Office of Veterans Employment and Training..... 202-219-9110  
Office of Management and Budget- Veterans Affairs- Washington DC..... 202-395-4500  
Office of Personnel Management- Washington DC..... 202-606-1000  
Small Business Administration- Office of Veteran Affairs- Washington DC 202-205-6773

### **Homeless**

Dept. of Housing and Urban Development Veterans Resource Center..... 800-998-9999  
Buffalo Office..... 716-557-5755  
National Coalition for Homeless Veterans- Washington DC..... 800-VET-HELP

### **Humanitarian**

American Red Cross..... 800-HELP-NOW  
Army Emergency Relief- Washington DC..... 703-750-8636  
Gulf War Resource Center- Washington DC..... 202-682-2700

### **Locator and Reunion Services**

Navy Times Locator Services- Springfield, Virginia..... 703-750-8636  
Service Reunions..... 512-438-4177

### **Minority Veterans**

American G.I. Forum (Hispanic Vets) - San Antonio, Texas..... 210-223-4088  
Black Veterans for Social Justice..... 718-852-6004  
National Assoc. of Black Veterans..... 1-877-NABVETS

### **POW/MIA**

Nat'l League of Families of American Prisoners & Missing in S.E. Asia..... 202-223-6846  
24-hour update hotline- Washington DC..... 202-659-0133  
Task Force Omega, Inc- Phoenix, Arizona..... 623-979-5651

### **Vietnam Veterans Memorials**

Vietnam Veterans Memorials Fund- Washington DC..... 202-393-0090

### **Women Veterans**

Women in Military Service for American Memorial Foundation..... 703-533-1155  
Government Life Insurance..... 800-669-8477

### **National Cemeteries in NYS**

Bath National Cemetery and Woodlawn (Bath, NY)..... 607-664-4853  
Calverton National Cemetery (Calverton, NY)..... 631-727-5410  
Long Island National Cemetery (Farmingdale, NY)..... 631-454-4949  
Saratoga National Cemetery (Saratoga, NY)..... 518-581-9128

## **NATIONAL CEMETERY SYSTEM**

Veterans and armed forces members who die on active duty are eligible for burial in one of the VA's 114 national cemeteries. An eligible veteran must have been discharged or separated from active duty under conditions other than dishonorable and have completed the required period of service. Persons entitled to retired pay as a result of 20 years creditable service with a reserve component are eligible. A U.S. citizen who served in the armed forces of a government allied with the United States in a war also may be eligible.

Spouses and minor children of eligible veterans and of armed forces members also may be buried in a national cemetery. A surviving spouse of an eligible veteran who married a non-veteran, and whose remarriage was terminated by death or divorce, is eligible for burial in a national cemetery.

Grave sites in national cemeteries cannot be reserved. Funeral directors or others making burial arrangements must apply at the time of death. Reservations made under previous programs are honored. The National Cemetery System normally does not conduct burials on weekends. A weekend caller, however, will be directed to one of three strategically located VA cemetery offices that remain open during weekends to schedule burials at the cemetery of the caller's choice during the following week.

# **FIRING DETAIL AND BUGLER**

<u><b>AIR FORCE</b></u>	1-609-754-4117
<u><b>ARMY</b></u>	1-888-325-1601
<u><b>MARINES</b></u>	1-866-826-3628
<u><b>NAVY</b></u>	1-860-694-3475

\*Funeral Director should make this call

## **NATIONAL CEMETERIES IN NEW YORK STATE:**

### **CALVERTON NATIONAL CEMETERY**

210 Princeton Blvd.  
Caverton, New York 11933  
Phone: 631-727-5410

### **LONG ISLAND NATIONAL CEMETERY\***

2040 Wellwood Avenue  
Farmingdale, New York 11735  
Phone: 631-454-4949

### **CYPRESS HILLS\***

625 Jamaica Avenue  
Brooklyn, New York 11208  
Phone: 631-454-4949

### **WOODLAWN\***

1825 Davis Street  
Elmira, New York 14901  
Phone: 607-732-5411

### **BATH NATIONAL CEMETERY**

76 Vetrano Ave.  
Bath, New York 14810  
Phone: 607-664-4853

### **SARATOGA NATIONAL CEMETERY**

200 Duell Road  
Schuylerville, New York 12871  
Phone: 518-581-9128

\*These cemeteries are full

## **BURIAL FLAG**

The VA provides an American flag to drape the casket of a veteran and to a person entitled to retired military pay. After the funeral service, the flag may be given to the next of kin or a close associate. Flags are issued at VA regional offices, national cemeteries, and post offices. VA also will issue a flag on behalf of a service member who was missing in action and later presumed dead. Funeral directors usually take care of obtaining the flag for burial. VA Form 2008 is required to be filled out and can be obtained at the Post Office. Department of Defense Form 214 is required.

## **HEADSTONE OR GRAVE MARKER**

VA provides headstones and markers for the graves of veterans anywhere in the world and for eligible dependents of veterans buried in national, state veteran or military cemeteries. Flat bronze, flat granite, flat marble, upright granite and upright marble types are available to mark the grave in a style consistent with the place of burial. Niche markers also are available to mark columbaria used for interment of cremated remains.

To apply, complete VA form 40-1330 and forward it to Director, Office of Memorial Programs (41A1), 5109 Russell Road, Department of Veterans Affairs, Quantico VA 22134-3903. Forms and assistance are available at VA regional offices, and local, state and county Veteran Service Agencies.

## **PRESIDENTIAL MEMORIAL CERTIFICATES (PMC) PROGRAM**

This certificate, which bears the president's signature, expresses the country's grateful recognition of the veteran's service in the armed forces.

Eligible recipients may apply for a PMC through the local VA regional office. Eligible recipients include the next of kin, other relatives or a friend.

The VA encourages all eligible recipients to apply. Application should be made at the local, state or county VA regional office. Requests should be accompanied by a copy of the veteran's discharge and death record.



## **BURIAL ALLOWANCES**

The VA will pay a burial allowance up to \$2,000 if the veteran's death is service connected. Eligibility is also established when death occurs in a VA facility or a nursing home with which the VA has contracted.

- \* The VA will also pay the cost of transporting the remains of a service disabled veteran to the national cemetery nearest the home of the deceased that has available grave sites. In such cases, the person who assumes the veteran's burial expenses may claim reimbursement from the VA.
- \* There is no time limit for filing reimbursement claims of service connected deaths. In other deaths, claims must be filed within two years after permanent burial or cremation.

The VA will pay a \$300 burial and funeral expense allowance for veterans who are buried in a private cemetery and who, at the time of death, were entitled to receive pension or compensation, or would have been entitled to compensation but for receipt of military retirement pay.

The Veterans Administration will also pay a \$300 plot allowance for certain veterans buried in private cemeteries. Plot allowances are available to the families of veterans who were discharged from active duty due to a disability incurred or aggravated in the line of duty, and who:

1. Received military compensation pay, or
2. Received a military pension, or
3. Received military retirement pay in lieu of compensation, or
4. Died while hospitalized in a VA facility.

The \$300 plot allowance is not payable solely due to a veteran's status.

An application for VA burial benefits VA form 21-530, can be submitted if the veteran is eligible. (MOST VETERANS ARE NOT ELIGIBLE FOR BURIAL ALLOWANCE.)

(\*note: for information on monetary benefits, call 1-800-827-1000)

## OPTIONAL DATA

Name and Address of Executor of Will: \_\_\_\_\_

\_\_\_\_\_

Lawyer's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Name and Address of Bank Where Safe Deposit is Located: \_\_\_\_\_

\_\_\_\_\_

Location of Key: \_\_\_\_\_

\_\_\_\_\_

Bank Account Number

Type of Account

Name and Address of Bank

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stocks, Bonds,  
Serial Numbers

Annuities/Securities  
Denomination

Name and Address of Bank  
or Company

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Life Insurance  
Policy Number

Face Value

Name and Address  
of Company

Payment Options

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership – Fraternal, Civic, Veteran and Professional Organizations and Residual Benefits:

\_\_\_\_\_

\_\_\_\_\_

**Section IV**

**SECTION IV**

**APPLICATION FOR HEADSTONE OR GRAVE MARKER  
(VA FORM 40-1330)**

# GENERAL INFORMATION SHEET

## APPLICATION FOR STANDARD GOVERNMENT HEADSTONE OR MARKER FOR INSTALLATION IN A PRIVATE CEMETERY OR A STATE VETERANS' CEMETERY

**RESPONDENT BURDEN** - Public reporting burden for this collection of information is estimated to average one-fourth hour 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. 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 (005E3), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send applications for benefits to this address.

### BENEFIT PROVIDED

#### a. HEADSTONE OR MARKER

*For deaths occurring on or after September 11, 2001* - Furnished upon application for the grave of any eligible deceased veteran. Will be provided regardless of whether or not the grave is already marked with a privately purchased headstone or marker. Applicant may be anyone having knowledge of the deceased.

*For deaths occurring before September 11, 2001* - Furnished upon application for the **UNMARKED GRAVE** of any eligible deceased veteran. The individual must certify the grave is **unmarked** and a Government headstone or marker is preferred to a privately purchased headstone or marker. **A grave is considered marked if a monument displays the decedent's name and date of birth and/or death, even though the veteran's military data is not shown.** Applicant may be anyone having knowledge of the deceased.

**b. MEMORIAL HEADSTONE OR MARKER** - Furnished upon application for **installation in a cemetery only** to commemorate any eligible veteran whose remains have not been recovered or identified, were buried at sea, donated to science, or cremated and the remains scattered; may not be used as a memento. Check box in block 28 and explain in block 27. Applicant may be anyone having knowledge of the deceased.

**WHO IS ELIGIBLE** - Any deceased veteran discharged under conditions other than dishonorable. A copy of the deceased veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing military service must be attached. **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; a copy of the Reserve Retirement Eligibility Benefits Letter must accompany the application. Reservists called to active duty 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.

### HOW TO APPLY

**FAX** applications and supporting documents to 1-800-455-7143.

**IMPORTANT:** If faxing more than one application - fax each application package (application plus supporting documents) individually i.e., disconnect the call and redial for each submission.

**MAIL** applications to: **Memorial Programs Service (41A1)**  
Department of Veterans Affairs  
5109 Russell Road  
Quantico, VA 22134-3903

*A Government headstone or marker may be furnished only upon receipt of a fully completed and signed application with required supporting documentation.*

**SIGNATURES REQUIRED** - The person responsible for the information on this form signs in block 17; the person agreeing to accept delivery (consignee) in block 22, and 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 21 is required. Entries of "None," "Not Applicable," or "NA" cannot be accepted. State Veterans' Cemeteries are not required to complete blocks 17, 18, 22 and 23.

**ASSISTANCE NEEDED** - If assistance is needed to complete this application, 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 application. Use block 27 for any clarification or other information you wish to provide. 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](mailto:mps.headstones@va.gov) For more information regarding headstones and markers visit our website at [www.cem.va.gov](http://www.cem.va.gov).

**INSTALLATION** - The Government is not responsible for costs to install the headstone or marker in private cemeteries.

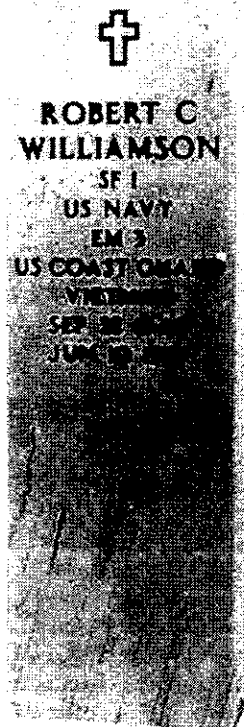
**TRANSPORTATION AND DELIVERY OF MARKER** - The headstone or marker is shipped without charge to the consignee designated in block 19 of the application. **The delivery will not be made to a Post Office box.** The consignee should be a business with full delivery address and telephone number. If the consignee is not a business explain fully in block 27. For delivery to a Rural Route address, you must include a daytime telephone number including area code in block 20. If you fail to include the required address and telephone number information, we cannot deliver the marker.

**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 application. Mistakes cannot be corrected after a headstone or marker has been ordered. Headstones or markers furnished remain the property of the United States Government and may not be used for any purpose other than to honor the memory of the decedent for whom the headstone or marker is issued.*

**DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.**

# ILLUSTRATIONS OF STANDARD GOVERNMENT HEADSTONES AND MARKERS

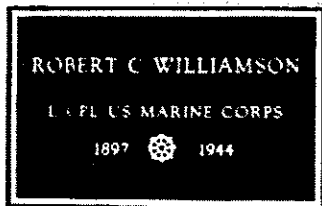
**UPRIGHT HEADSTONE**  
WHITE MARBLE OR  
LIGHT GRAY GRANITE



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.

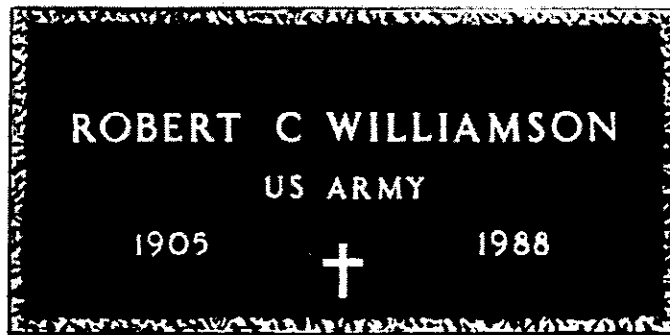
**NOTE:** Civil War Era headstones - In addition to the headstone and markers pictured, two special styles of upright headstones are available for those who served with Union Forces during the Civil War or for those who served in the Spanish-American War, and another for those who served with the Confederate States of America during the Civil War. Requests for these special styles should be made in block 27 of the application. It is necessary to submit detailed documentation that supports eligibility.

**BRONZE NICHE**



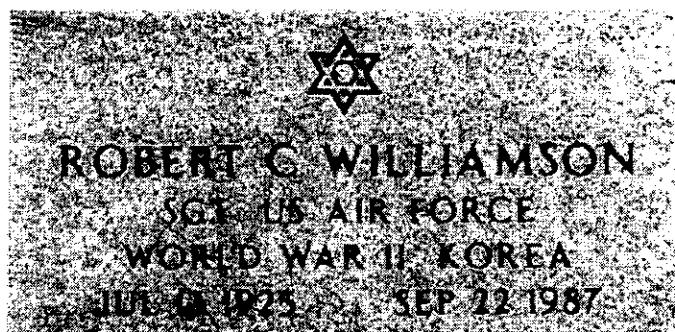
This niche marker is 8-1/2 inches long, 5-1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker. For use if entombment is in a columbarium or mausoleum, or to supplement a private monument, for deaths occurring on or after September 11, 2001.

**FLAT MARKERS**  
**BRONZE**



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 OR WHITE MARBLE**



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.

## INSCRIPTION INFORMATION

**MANDATORY ITEMS** of inscription at Government expense are: Legal Name, Branch of Service, Year of Birth, and Year of Death. 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), and by exception, 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.

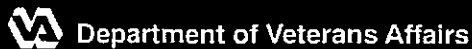
**OPTIONAL ITEMS** are identified on the application in boxes with bold outlines. These items may be included at Government expense if desired. Optional items include month and day of birth in block 5A, month and day of death in block 5B, highest rank attained in block 7, awards in block 9, war service in block 10, and emblem of belief in block 12. 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, i.e. Vietnam may be inscribed if the veteran served during the Vietnam War period, even though the individual never served in Vietnam itself. Supporting documentation must be included with the application if you wish to include the highest rank and/or awards.

**RESERVED SPACE** for future inscriptions at private expense, such as spousal or dependent data, is allowed if requested in block 27 and if space is available. Only two lines of space may be reserved on flat markers due to space limitations. Reserved space is unnecessary on upright marble or granite headstones as the reverse side is available for future inscriptions.

**MEMORIAL HEADSTONES AND MARKERS** (remains are not buried). The words "In Memory Of" are mandatory and precede the authorized inscription data. The words "In Memory Of" are not inscribed when remains are buried.

**ADDITIONAL ITEMS** may be inscribed at government expense if they are requested on the initial application and space is available. Examples of acceptable items include 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 should be stated in block 27, and are subject to VA approval. No graphics, emblems or pictures are permitted except VA approved emblems of belief, the Medal of Honor, and the Southern Cross of Honor for Civil War Confederate Veterans.

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



**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. **Blocks outlined in bold are optional inscription items. Unless indicated otherwise all other blocks must be completed. MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION IS REQUIRED.**

**1. TYPE OF REQUEST**

INITIAL (First time) REQUEST

SECOND REQUEST

CORRECTED APPLICATION OR REPLACEMENT

**2. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (NO NICKNAMES OR TITLES PERMITTED)**

FIRST (Or Initial) MIDDLE (Or Initial) LAST SUFFIX

**3. GRAVE IS:**

CURRENTLY MARKED (with privately purchased marker)

NOT MARKED

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

**4. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO. (Failure to complete will delay processing.)**

**PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)**

6A. DATE(S) ENTERED			6B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR

**5A. DATE OF BIRTH**      **5B. DATE OF DEATH**

MONTH	DAY	YEAR	MONTH	DAY	YEAR

**7. HIGHEST RANK ATTAINED (No pay grades)**

**8. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 7)**

ARMY NAVY MARINE COAST ARMY MERCHANT OTHER  
CORPS GUARD AIR FORCE AIR FORCES MARINE (Specify)

**9. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided)**

MEDAL OF HONOR DST SVC CROSS NAVY CROSS AIR FORCE CROSS SILVER STAR BRONZE STAR PURPLE HEART OTHER (Specify)

**10. WAR SERVICE (Check applicable box(es))**

WORLD WAR II KOREA VIETNAM PERSIAN GULF OTHER (Specify)

**11. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)**

FLAT BRONZE  B    FLAT GRANITE  G    UPRIGHT MARBLE  U    FLAT MARBLE  F    BRONZE NICHE  Z    UPRIGHT GRANITE  V

**12. DESIRED EMBLEM OF BELIEF**

NONE     EMBLEM NUMBER (Specify) (See reverse side of this form for authorized emblems)

**13A. NAME AND MAILING ADDRESS (No., Street, City, State, and ZIP Code) OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION**

**13B. DAYTIME PHONE NO. OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION**

**14. E-MAIL ADDRESS (Optional)**

**15. FAX NO. (Optional)**

**16. ARE YOU:**

NEXT OF KIN     VETERANS SERVICE OFFICER

FUNERAL DIRECTOR     CEMETERY OFFICIAL

OTHER (Specify)

**CERTIFICATION:** By signing below I certify the headstone or marker will be installed in the cemetery listed in block 21 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge.

**17. SIGNATURE OF PERSON WHOSE NAME APPEARS IN BLOCK 13A**

**18. DATE (MM/DD/YYYY)**

**19. 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**

**20. DAYTIME PHONE NO. (Include Area Code)**

**21. NAME AND ADDRESS OF CEMETERY WHERE GRAVE IS LOCATED (No., Street, City, State and ZIP Code)**

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

**22. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 19**

**23. DATE (MM/DD/YYYY)**

**CERTIFICATION:** By signing below I certify the type of headstone or marker checked in block 11 is permitted in the cemetery named in block 21.

**24. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL**

**25. DAYTIME PHONE NO. (Include Area Code)**

**26. DATE (MM/DD/YYYY)**

**27. REMARKS (Optional inscription space will vary in size according to the type of marker)**

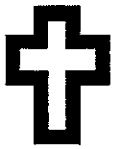
**28. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27 (e.g., lost at sea, remains scattered, etc.)**

REMAINS NOT BURIED

**STATE VETERANS' CEMETERY AND GRAVE LOCATION (Cemetery Use Only)**

**29. ID CODE**      **30. SECTION**      **31. GRAVE NO.**

**AUTHORIZED EMBLEMS (See block 12)**



(1)  
CHRISTIAN



(2)  
BUDDHIST



(3)  
HEBREW  
(Star of David)



(4)  
PRESBYTERIAN CROSS



(5)  
RUSSIAN ORTHODOX CROSS



(6)  
LUTHERAN CROSS



(7)  
EPISCOPAL CROSS



(8)  
UNITARIAN CHURCH  
(Flaming Chalice)



(9)  
UNITED METHODIST CHURCH



(10)  
AARONIC ORDER CHURCH



(11)  
MORMON-ANGEL MORONI



(12)  
NATIVE AMERICAN CHURCH  
OF NORTH AMERICA



(13)  
SERBIAN ORTHODOX.



(14)  
GREEK CROSS



(17)  
MUSLIM  
CRESCENT AND STAR



(20)  
COMMUNITY OF CHRIST



(21)  
SUFISM REORIENTED



(27)  
UNITED MORAVIAN CHURCH



(29)  
CHRISTIAN CHURCH



(31)  
UNITED CHURCH OF CHRIST

**EMBLEMS OF BELIEF AVAILABLE:**

CHRISTIAN CROSS (01)  
 BUDDHIST (Wheel of Righteousness) (02)  
 HEBREW (Star of David) (03)  
 PRESBYTERIAN CROSS (04)  
 RUSSIAN ORTHODOX CROSS (05)  
 LUTHERAN CROSS (06)  
 EPISCOPAL CROSS (07)  
 UNITARIAN CHURCH (Flaming Chalice) (08)  
 UNITED METHODIST CHURCH (09)  
 AARONIC ORDER CHURCH (10)  
 MORMON (Angel Moroni) (11)  
 NATIVE AMERICAN CHURCH OF NORTH AMERICA (12)  
 SERBIAN ORTHODOX (13)  
 GREEK CROSS (14)  
 BAHAI (9 Pointed Star) (15)  
 ATHEIST (16)  
 MUSLIM (Crescent and Star) (17)  
 HINDU (18)  
 KONKO-KYO FAITH (19)

COMMUNITY OF CHRIST (20)  
 SUFISM REORIENTED (21)  
 TENRIKYO CHURCH (22)  
 SIECHO-NO-IE (23)  
 THE CHURCH OF WORLD MESSIANITY (Izunome) (24)  
 UNITED CHURCH OF RELIGIOUS SCIENCE (25)  
 CHRISTIAN REFORMED CHURCH (26)  
 UNITED MORAVIAN CHURCH (27)  
 ECKANKAR (28)  
 CHRISTIAN CHURCH (29)  
 CHRISTIAN & MISSIONARY ALLIANCE (30)  
 UNITED CHURCH OF CHRIST (31)  
 HUMANIST EMBLEM OF SPIRIT (32)  
 PRESBYTERIAN CHURCH (USA) (33)  
 IZUMO TAISHAKYO MISSION OF HAWAII (34)  
 SOKA GAKKAI INTERNATIONAL - USA (35)  
 SIKH (KHANDA) (36)  
 CHRISTIAN SCIENCE (Cross & Crown) (97)  
 MUSLIM (Islamic 5 Pointed Star) (98)

Please visit our website at [www.cem.va.gov](http://www.cem.va.gov) to view all currently available Emblems of Belief. You may also request copies of this list by contacting our Applicant Assistance unit toll free at 1-800-697-6947, or via e-mail at: [meps.headstones@va.gov](mailto:meps.headstones@va.gov).

**Section V**

**SECTION V**

**APPLICATION FOR U.S. FLAG FOR BURIAL PURPOSES  
(VA FORM 21-2008)**



 **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, Compensation, Pension, Education and Rehabilitation 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.whitehouse.gov/omb/library/OMBINV.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.html#VA). 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)**

1. FIRST, MIDDLE, LAST NAME OF VETERAN (Print or type)		2. OTHER NAMES USED BY VETERAN (Print or type)	
3. VA FILE NUMBER	4. SOCIAL SECURITY NUMBER	5. MILITARY SERVICE NUMBER/SERIAL NUMBER	
6. BRANCH OF SERVICE (Check box) <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> SELECTED SERVICE <input type="checkbox"/> 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
11. DATE OF BURIAL	12. PLACE OF BURIAL (Name of cemetery, city, and State)		

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. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG (Number and street or rural route, city or P.O., State and ZIP Code)
14C. RELATIONSHIP TO VETERAN (See Paragraph F of the "Instructions")	

15. REMARKS

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	19. DATE SIGNED
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**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**

I CERTIFY that the flag requested by the applicant will be used to drape the casket of the deceased in whose honor it is issued by the Department of Veterans Affairs, and that Item 6 of the "Use Of The Flag" instructions on the attached sheet will be complied with.

SIGNATURE OF PERSON RECEIVING FLAG (Sign in INK)	DATE FLAG RECEIVED
NAME AND ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT	<b>FOR VA USE</b>
	DATE NOTIFICATION FORWARDED TO SUPPLY      INITIALS OF RESPONSIBLE VA EMPLOYEE

VA FORM 21-2008, SEP 2005

SUPERSEDES VA FORM 21- 2008, MAY 2003, 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	SIGNATURE OF POSTMASTER OR OTHER ISSUING OFFICIAL	ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT
<b>FOR VA USE</b>	DATE OF REPLACEMENT	

VA FORM 21-2008 SEP 2005

SUPERSEDES VA FORM 21- 2008, MAY 2003, WHICH WILL NOT BE USED.

SEE REVERSE

## 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 line 1-800-829-4833). You may also contact VA by Internet at <https://iris.va.gov/>.

### B. How do I apply for a burial flag?

Complete VA Form 21-2008, 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 and 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

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

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

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. *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

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.

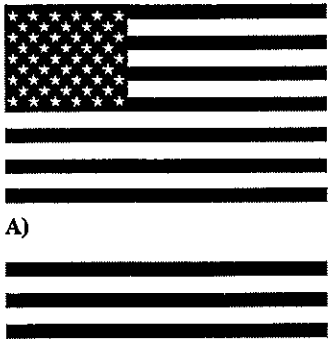
*Note:* The flag cannot be replaced if it is lost, destroyed, or stolen. Additionally, a flag may not be issued after burial unless it was impossible to obtain a flag in time to drape the casket or accompany the urn before burial. If the next-of-kin or friend is requesting the flag after the veteran's 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.

**Section VI**

**SECTION VI**

**APPLICATION FOR BURIAL BENEFITS  
(VA FORM 21-530)**

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

## IMPORTANT - READ THESE INSTRUCTIONS CAREFULLY

1. **RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 20 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. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

**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, Compensation, Pension, Education and Rehabilitation 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.

## 2. GENERAL

- a. **BURIAL ALLOWANCE** - An amount towards the expenses of the funeral and burial of the veteran's remains. Burial includes all recognized methods of interment.
- b. **PLOT ALLOWANCE** - Plot means the final resting place of the remains. The allowance is payable towards:
  - (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) if the veteran died from nonservice-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.
- c. **BURIAL ALLOWANCE FOR SERVICE-CONNECTED DEATH** - When the veteran's death occurred as the result of a service-connected disability, a special "service-connected" rate is payable.
- 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 care.

## 3. WHO SHOULD FILE A CLAIM

- a. **CREDITOR** - If expenses have not been paid, the claim should be filed by the funeral director or crematory service by completing Parts I, II, and IV. If the funeral director or crematory service has paid or advanced funds for or furnished the plot or interment expenses, inclusion of these items on the statement of account will serve as claim for the plot allowance. If cemetery owner or other creditor has not been paid for the plot and related interment expenses, he/she may file claim by completing Parts I, III, and IV. If both the funeral director and cemetery owner are unpaid, each must submit a separate VA Form 21-530 signed by the person who authorized services.
- b. **PERSON WHOSE FUNDS WERE USED** - If all creditors have been paid, the claim should be filed by the person or persons whose personal funds were used by completing Parts I, II, and IV.

c. **VETERAN'S ESTATE** - If the expenses were paid from the veteran's estate, the claim should be filed by the executor/administrator by completing Parts I, II, IV. Submit a copy of the letters of administration or letters testamentary certified over the signature and seal of the appointing court.

d. **STATE** - If a veteran whose death is nonservice-connected was buried without charge for plot or interment in a State-owned cemetery or section used for persons eligible in a national cemetery, the claim may be filed by the State official completing Parts I, III (Items 23 and 24), and IV.

4. **TIME LIMIT FOR FILING A CLAIM** - A claim for nonservice-connected burial expenses or plot allowance must be filed with VA within 2 years from 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 from the date of correction. The 2-year limitation does not apply to service-connected burial benefits, transportation expenses or reimbursement of headstone expenses.

5. **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.

6. **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.

#### 7. STATEMENT OF ACCOUNT MUST ACCOMPANY CLAIM

a. **FUNERAL DIRECTOR** - A statement of account on the funeral director's letterhead must show the name of the veteran; the nature and cost of services, including any payments made to another funeral home (show name and address); all credits; and the name of the person or persons by whom payment in whole or in part was made.

b. **TRANSPORTATION** - 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.

c. **ACCOUNT PAID IN FULL** - The statement of account should be receipted in the name of the firm or individual performing the services. Bills or receipts filed in support of this claim become a part of the permanent record and will not be returned, unless specifically requested.

d. **PLOT ALLOWANCE ONLY** - In a claim for the plot allowance only, the statement of account must show the cost of the veteran's individual gravesite, the mausoleum vault, or the columbarium niche.

8. **BURIAL ASSOCIATION OR BURIAL INSURANCE** - If the veteran was a member of a burial association or if any insurance company is obligated to pay all or part of the burial expenses, Item 22 should be answered "Yes." It will be necessary to support the claim with a statement from the association or insurance company setting forth the terms of the contract and how and with whom settlement was made.

9. **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.

10. **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 1-800-829-4833.



## 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.**

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN	
2. SOCIAL SECURITY NUMBER OF VETERAN	3. VA FILE NUMBER
4. FIRST, MIDDLE, LAST NAME OF CLAIMANT	5. TELEPHONE NUMBER(S) (Include Area Code)
	A. DAYTIME
	B. EVENING
6. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)	

### PART I - INFORMATION REGARDING VETERAN

7A. DATE OF BIRTH	7B. PLACE OF BIRTH
8A. DATE OF DEATH	8B. PLACE OF DEATH
	8C. DATE OF BURIAL

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

9A. ENTERED SERVICE		9B. SERVICE NUMBER	9C. SEPARATED FROM SERVICE		9D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	

10. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME	11. ARE YOU CLAIMING THAT THE CAUSE OF DEATH WAS DUE TO SERVICE?  <input type="checkbox"/> YES <input type="checkbox"/> NO
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### PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

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

12. PLACE OF BURIAL OR LOCATION OF CREMAINS	13. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 15 and 16)	14. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 15 and 16)
15. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. COST IS: (CHECK ONE)  <input type="checkbox"/> PAID BY ANOTHER PERSON(S) <input type="checkbox"/> PAID BY CLAIMANT FOR BURIAL <input type="checkbox"/> DUE FUNERAL DIRECTOR <input type="checkbox"/> NONE <input type="checkbox"/> DUE CEMETERY OWNER	16. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)	

17. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION, AND IF CLAIMED, BURIAL PLOT  \$	18. AMOUNT PAID  \$	19. WHOSE FUNDS WERE USED?
20A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 20B and 20C)	20B. AMOUNT OF REIMBURSEMENT  \$	20C. SOURCE OF REIMBURSEMENT
21A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE, OR FEDERAL AGENCY?  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 21B and 21C)	21B. AMOUNT  \$	21C. SOURCE(S)
22. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?  <input type="checkbox"/> YES <input type="checkbox"/> NO (Before answering, read and comply with Instruction 8)		

**PART III - CLAIM FOR PLOT COST ALLOWANCE**

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

23. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?		24. PLACE OF BURIAL OR LOCATION OF CREMAINS	
25A. COST OF BURIAL PLOT (Individual Grave Site, Mausoleum Vault, or Columbarium Niche)  \$		25B. DATE OF PURCHASE	25C. DATE OF PAYMENT
26A. HAVE BILLS BEEN PAID IN FULL?  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No,"complete Items 26B and 27)		26B. AMOUNT PAID  \$	27. WHOSE FUNDS WERE USED?
28A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes,"complete Items 28B and 28C)		28B. AMOUNT OF REIMBURSEMENT  \$	28C. SOURCE OF REIMBURSEMENT
29A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes,"complete Items 29B and 29C)		29B. AMOUNT  \$	29C. SOURCE

**PART IV - CERTIFICATION AND SIGNATURE**

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

30A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 36A thru 37B) (If signing for firm, corporation, or State agency, complete Items 30B thru 31)	30B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY
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31. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

NOTE - Where the claimant is a firm or other unpaid creditor, Items 32A thru 35 MUST be completed by the individual who authorized services.

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

32A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 36A thru 37B)	32B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
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33. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

34. DATE	35. RELATIONSHIP TO VETERAN
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**WITNESS TO SIGNATURE IF MADE BY "X" MARK**

NOTE - Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

36A. SIGNATURE OF WITNESS	36B. ADDRESS OF WITNESS
37A. SIGNATURE OF WITNESS	37B. 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 include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals in a national or post cemetery are furnished automatically without request from the family.

For additional information and an application, contact the nearest VA office.



**Section VII**

**SECTION VII**

**APPLICATION FOR MILITARY RECORD REQUESTS  
(NARA STANDARD FORM 180)**

## INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

**1. Information needed to locate records.** Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.

**2. Restrictions on release of information.** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel/health records must have the release authorization in Section III of the SF 180 signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service departments at the time a service member is separated.

**3. Where reply may be sent.** The reply may be sent to the member or any other address designated by the member or other authorized requester.

**4. Charges for service.** There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

**5. Health and personnel records.** Health records of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs a week or two after the last day of active duty. (See page 2 of SF180 for record locations/addresses.)

**6. Records at the National Personnel Records Center.** Note that it takes at least three months, and often up to seven, for the file to reach the National Personnel Records Center in St. Louis after the military obligation has ended (such as by discharge). If only a short time has passed, please send the inquiry to the address shown for active or current reserve members. Also, if the person has only been released from active duty but is still in a reserve status, the personnel record will stay at the location specified for reservists. A person can retain a reserve obligation for several years, even without attending meetings or receiving annual training. (See page 2 of SF180 for record locations/addresses.)

**7. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; HEALTH -- Records of physical examinations, dental treatment, and outpatient medical treatment received while in a duty status (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

**8. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

### PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

### PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

# REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)							
BRANCH OF SERVICE		DATES OF SERVICE		CHECK ONE		SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")	
		DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED		
a. ACTIVE SERVICE							
b. RESERVE SERVICE							
c. NATIONAL GUARD							
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES			

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. **REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An UNDELETED Report of Separation is requested for the year(s) \_\_\_\_\_

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A DELETED Report of Separation is requested for the year(s) \_\_\_\_\_

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

### 2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED

3. **PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.)

## SECTION III - RETURN ADDRESS AND SIGNATURE

### 1. REQUESTER IS:

Military service member or veteran identified in Section I, above  
 Next of kin of deceased veteran \_\_\_\_\_ (relation)

Legal guardian (must submit copy of court appointment)  
 Other (specify) \_\_\_\_\_

2. **SEND INFORMATION/DOCUMENTS TO:**  
(Please print or type. See item 3 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name \_\_\_\_\_  
Street \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature (Please do not print.) \_\_\_\_\_  
( )  
Date of this request \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Email address \_\_\_\_\_

RESET

## LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Health Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve or Fleet Marine Corps Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	14
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired on or after 10/1/2002	7	11
	Reserve; or active duty records of current National Guard members who performed service in the U.S. Army before 7/1/1972	7	
	Active enlisted (including National Guard on active duty in the U.S. Army) or TDRL enlisted	9	
	Active officers (including National Guard on active duty in the U.S. Army) or TDRL officers	8	
	Current National Guard enlisted not on active duty in Army (including records of Army active duty performed after 6/30/1972)	13	
	Current National Guard officers not on active duty in Army (including records of Army active duty performed after 6/30/1972)	12	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	15	

### ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80280-4600	7	U.S. Army Human Resources Command ATTN: AHRC-PAV-V 1 Reserve Way St. Louis, MO 63132-5200	12	Army National Guard Readiness Center NGB-ARP 111 S. George Mason Dr. Arlington, VA 22204-1382
3	Commander, CGPC-adm-3 USCG Personnel Command 4200 Wilson Blvd., Suite 1100 Arlington, VA 22203-1804	8	U.S. Army Human Resources Command ATTN: AHRC-MSR 200 Stovall Street Alexandria, VA 22332-0444	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
4	Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	Commander USAEREC ATTN: PCRE-F 8899 E. 56th St. Indianapolis, IN 46249-5301	14	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100
5	Marine Corps Reserve Support Command (Code MMI) 15303 Andrews Road Kansas City, MO 64147-1207	10	Navy Personnel Command (PERS-313C1) 5720 Integrity Drive Millington, TN 38055-3130	15	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852