Form approved, OMB No. 2900-0222
Respondent Burden: 15 minutes

Department of Veterans Affairs

1. FOR VA USE ONLY

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 ARE REQUIRED.**

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.
SSN: OR SVC. NO.:

5A. DATE OF BIRTH			5B. DATE OF DEATH		
MONTH	DAY	YEAR	MONTH	DAY	YEAR

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

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 CORPS ☐ COAST GUARD ☐ AIR FORCE ☐ ARMY AIR FORCES ☐ MERCHANT MARINE ☐ OTHER *(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 MEDAL ☐ 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 available emblems)* _____

13A. NAME AND MAILING ADDRESS OF APPLICANT *(No., Street, City, State, and ZIP Code)*

13B. DAYTIME PHONE NO. OF APPLICANT

14. E-MAIL ADDRESS *(Optional)*

15. FAX NO. *(Optional)*

16. ARE YOU:
☐ NEXT OF KIN *(Specify relationship)* _____
☐ AUTHORIZED REPRESENTATIVE ON BEHALF OF DECEDENT *(Include Written Authorization)*
☐ AUTHORIZED REPRESENTATIVE ON BEHALF OF NEXT OF KIN *(Include Written Authorization)*

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. I also certify, to the best of my knowledge, that the decedent has never committed a Capital Crime or was never convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.

17. SIGNATURE OF APPLICANT

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 *(Additional 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., buried at sea, remains scattered, etc.)*
☐ REMAINS NOT BURIED

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