

Survivors Benefit Packet Insert

The Veterans Benefits Administration offers a variety of benefits and service to spouses, children, and parents of Veterans who are deceased.

HOW TO SUBMIT A CLAIM?

Form 21P-534- Application for DIC, Death Pension, Accrued Benefits by Surviving Spouse or Child

Form 21P-530EZ - Application for Burial Benefits

Form 21-4138 - Statement in Support of Claim

Form 21-0845 Authorization to Disclose Personal Information to a Third Party

Form 21-2680 Examination for Housebound Status or Permanent Need for Regular Aid and Attendance

Submit above application(s) to the Pension Intake Center

Department of Veterans Affairs
Pension Intake Center
PO Box 5365
Janesville, WI 53547-5365

Form 40-1330 or Form 40-1330M (Select only 1) Application for Standard Government Headstone or Marker

NCA FP Evidence Intake Center
PO Box 5237
Janesville, WI 53547
Fax (800) 455-7143

Form 40-0247 Application for Presidential / Memorial Certificate Request Form

NCA FP Evidence Intake Center
PO Box 5237
Janesville, WI 53547
Fax (800) 455-7143

Form 27-2008 Application for United States Flag for Burial Purposes

Complete VA Form 27-2008, submit it to a funeral director or 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 the 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.

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

This notice provides information regarding evidence necessary to substantiate a claim for:

- Survivors Pension
- Dependency Indemnity Compensation (DIC)
- DIC under 38 U.S.C. 1151
- DIC re-evaluation based on PL 117-16 (PACT ACT)
- Increased Survivor Benefits Based on Need for Special Monthly Pension or Special Monthly DIC
- Accrued Benefits
- Benefits Based on a Veteran's Seriously Disabled Child.

If you are making a claim for:

- Parent's DIC and/or accrued benefits for parents use - VA Form 21P-535, *Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation when Applicable)*
- Veteran's disability compensation use - VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*
- Veteran's pension benefits use - VA Form 21P-527EZ, *Application for Veterans Pension*
- Accrued benefits only use - VA Form 21P-601, *Application for Accrued Benefits Due a Deceased Beneficiary*

If you are **not** ready to submit a claim for DIC, Survivors Pension, and/or Accrued Benefits, please complete a VA Form 21-0966, *Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC*, to protect your date of claim. If you complete the VA Form 21P-534EZ within one year of filing the VA Form 21-0966, your completed application will be considered filed as of the date of receipt of the VA Form 21-0966.

VA Forms are available at www.va.gov/vaforms.

ASSISTANCE WITH COMPLETING YOUR CLAIM

Veteran Service Officer (VSO)

You may wish to contact an accredited Veteran Service Officer to assist you with your application. For a list of accredited veteran's service organizations go to <https://www.va.gov/vso/>. You may also contact your state office of Veterans Affairs at <https://www.va.gov/statedva.htm>, should you need further assistance with the application process. To assign a VSO as your power of attorney for the claims process please submit VA Form 21-22, *Appointment of Veteran Service Organization as Claimant's Representative*.

Private Attorney and Claims Agents

Attorneys and claims agents are available to assist you in completing your application. To verify if your attorney or claims agent is accredited by the Department of Veterans Affairs go to: <https://www.va.gov/ogc/apps/accreditation/index.asp>. To assign a private attorney or claims agent as your power of attorney for the claims process please submit a VA Form 21-22a, *Appointment of Individual as Claimant's Representative*.

Fees for Claims: Section 5904, Title 38, United States Code (codified in § 14.636, Title 38, Code of Federal Regulations) contains provisions regarding fees that may be charged, allowed, or paid for services provided by a VA-accredited attorney or agent in connection with a proceeding before the Department of Veterans Affairs with respect to a claim for benefits under laws administered by the Department. Generally, a VA-accredited attorney or agent may charge you a fee for assisting in seeking further review of a claim for VA benefits only after VA has issued an initial decision on the claim and the attorney or agent has complied with the applicable power-of-attorney and the fee agreement requirements.

WHEN TO USE THIS FORM

The attached application and the worksheets are needed to submit a claim for DIC, Survivors Pension, and/or Accrued Benefits. This notice details the evidence necessary to substantiate your claim.

The Application is comprised of 14 sections. Be sure to answer the question(s) in each section as required.	
Section I: Veteran's Identification Information	Section VIII: Nursing Home or Increased Survivors Entitlement Based on a Claim For Special Monthly Pension
Section II: Claimant's Contact Information	Section IX: Income and Assets
Section III: Veteran's Service Information	Section X: Information about Your Medical or Other Expenses
Section IV: Marital Information	Section XI: Direct Deposit Information
Section V: Marital History	Section XII: Claim Certification and Signature
Section VI: Child of the Veteran Information	Section XIII: Witness to Signature
Section VII: DIC	Section XIV: Alternate Signer Certification and Signature

WANT TO GET YOUR CLAIM PROCESSED FASTER?

Participation in the FDC Program is:

- An Optional Expedited process (enrollment is automatic unless you opt-out).
- Will not affect the quality of care you receive or the benefits to which you are entitled.

You will be removed from the FDC program if :

- It is determined that other non-federal records exist, and VA needs the records to decide your claim.

See below for more information.

- If you wish to file your own claim in the FDC Program, see FDC Program.
- If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process.

FDC Program Criteria

To qualify for the FDC Program you must:

1. Submit your claim on a completed, signed and dated VA Form 21P-534EZ, *Application for DIC, Survivors Pension, and/or Accrued Benefits* (Attached).
2. Submit simultaneously with your claim:
 - A copy of the veteran's death certificate (unless the veteran died on active duty); ANDIf claiming Survivor's Pension:
 - All necessary income and asset information; AND
 - Any additional forms and evidence as the situation requires. Special Circumstances below indicate the most common circumstances. The application and other VA Forms may require additional evidence.If claiming DIC:
 - All, if any, of the veteran's relevant, private medical treatment records and an identification of any of the veteran's treatment records available at a Federal facility, such as a VA medical center, that supports your claim that a service-connected disability caused the veteran's death or the veteran's death was caused by the VA;
 - Any and all Service Treatment and Personnel Records in the custody of the veteran's Guard or Reserve Unit(s) if applicable; AND
 - Any additional forms and evidence as the situation requires. Special Circumstances below indicate the most common circumstances. The application and other VA Forms may require additional evidence.
3. Report for any VA examinations VA determines are necessary to decide your claim.

For more information on the FDC Program, visit our website at <https://www.choose.va.gov/pensions>. For more information on VA benefits, visit our website at www.va.gov, contact us at <https://www.va.gov/contact-us> or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711.

SPECIAL CIRCUMSTANCES: Additional forms may be needed to remain eligible for the FDC Program.

This includes VA Form 21P-0969, *Income and Asset Statement in Support of Claim for Pension or Parents' DIC*, which may be required if you:

- Have multiple income sources
- Have more than \$25,000 in assets
- Additional forms as noted on the VA Form 21P-0969 may be required

If claiming Special Monthly Pension or Special Monthly DIC:

- Please have a Physician, Physician Assistant (PA), Certified Nurse Practitioner (CNP), or Clinic Nurse Specialist (CNS) complete VA Form 21-2680, *Examination for Household Status or Permanent Need for Regular Aid and Attendance*, **OR**
- If you are a patient in a nursing home complete VA Form 21-0779, *Request for Nursing Home Information in Connection with Claim for Aid and Attendance*

If claiming benefits for a child of the veteran:

- And they are in school between the ages of 18 and 23, a completed VA Form 21-674, *Request for Approval of School Attendance*
- If the child was adopted, please submit the adoption papers or amended birth certificate
- If claiming benefits for a child of the veteran who became seriously disabled prior to reaching the age of 18, submit all, if any, relevant private medical treatment records for the child's pertinent disabilities

WHAT YOU NEED TO DO

You must submit all relevant evidence in your possession and provide VA information sufficient to enable it to obtain all relevant evidence not in your possession. If your claim involves a disability the veteran had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before the veteran's entry into service. A substantially complete claim must contain: (1) The claimant's name; (2) Their relationship to the veteran (3) Sufficient service information for VA to verify the claimed service, if applicable; (4) The benefit sought and any medical condition(s) on which it is based; (5) The claimant's signature; (6) A statement of income, if applicable.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Submit your claim in accordance with the "FDC Program Criteria" (see page 2) 	<p>You must:</p> <ul style="list-style-type: none"> • If you know of evidence not in your possession and want VA to try to get it for you, give VA enough information about the evidence so that we can request it from the person or agency that has it <p>NOTE: If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</p>

HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM

VA will retrieve evidence on your behalf in some circumstances. If VA is unable to retrieve the necessary evidence, we will notify you and provide you with an opportunity to submit the information or evidence. It is your responsibility to make sure we receive all requested records that are not in the possession of a federal department or agency.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>VA will:</p> <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorize VA to obtain • Get a medical opinion if we determine it is necessary to decide your claim 	<p>VA will:</p> <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility that you adequately identify and authorize VA to obtain • Get a medical opinion if we determine it is necessary to decide your claim • Make every reasonable effort to obtain relevant records not held by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from state or local governments and privately held evidence and information you tell us about, such as private doctor or hospital records or records from current or former employers

WHEN YOU SHOULD SEND WHAT WE NEED

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Send the information and evidence simultaneously with your claim <p>NOTE: If you submit additional information or evidence after you submit your "fully developed" claim, then VA will remove the claim from the FDC Program expedited process and process it in the Standard Claim process. If we decide your claim before one year from the date we received the claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support the claim.</p>	<p>You are strongly encouraged to:</p> <ul style="list-style-type: none"> • Send any information or evidence as soon as you can <p>NOTE: You have up to one year from the date we receive the claim to submit the information and evidence necessary to support your claim. If we decide the claim before one year from the date we received the claim, you will still have the remainder of the one year period to submit additional information or evidence necessary to support the claim.</p>

WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

If you are claiming...	See Evidence Tables titled...
Survivor's Pension (a needs based benefit based on the the veteran's wartime service)	<ul style="list-style-type: none"> • Military Service Verification • Survivor's Pension
<ul style="list-style-type: none"> • DIC because the veteran's death was related to the veteran's service, OR • DIC because the veteran was receiving or entitled to receive benefits for a service-connected disability rated totally disabling 	<ul style="list-style-type: none"> • Dependency and Indemnity Compensation (DIC)
<ul style="list-style-type: none"> • DIC because the veteran's death was a result of VA medical treatment, vocational rehabilitation, or compensated work therapy 	<ul style="list-style-type: none"> • DIC under 38 U.S.C. 1151
DIC re-evaluation of a previously denied claim based on eligibility under PL 117-168 (PACT Act)	<ul style="list-style-type: none"> • DIC re-evaluation based on PL 117-168 (PACT Act)
DIC that was previously denied by VA	<ul style="list-style-type: none"> • Supplemental DIC
Special Monthly Pension or Special Monthly DIC based on the need for aid and attendance or housebound benefits	<ul style="list-style-type: none"> • Increased Survivor Benefits Based on Special Monthly Pension or Special Monthly DIC
Benefits that were due to the veteran at the time of the veteran's death	<ul style="list-style-type: none"> • Accrued Benefits
Benefits because the child of the veteran is severely disabled	<ul style="list-style-type: none"> • Child incapable of self-support

EVIDENCE TABLES

Military Service Verification
<p>To support your claim for Survivors benefits, the veteran's military service must be verified. The following evidence can be submitted to verify the veteran's military service:</p> <ul style="list-style-type: none"> • A photocopy of the veteran's DD 214 (or equivalent) for all periods of military service. You may request a copy of the DD 214 through the National Archives' National Personnel Records Center (NPRC) using Standard Form 180 (SF-180, 09/2021 version), <i>Request Pertaining to Military Records</i>, (available at https://www.gsa.gov/forms) or through your local public custodian of records. <p>Fire Related Military Records. As you may know, there was a fire at the National Archives and Records Administration on July 12, 1973, which destroyed approximately</p> <ul style="list-style-type: none"> • 80 percent of the records NPRC held for veterans who were discharged from the Army between November 1, 1912 and January 1, 1960 and • 75 percent of the records NPRC held for veterans with surnames beginning (alphabetically) with Hubbard and running through the end of the alphabet, and who were discharged from the Air Force between September 25, 1947 and January 1, 1964. <p>If the veteran's military records were stored there on that date, they may have been destroyed in the fire. If you believe the veteran's military records may have been destroyed in the fire, NA Form 13075, <i>Questionnaire About Military Service</i>, should be completed to avoid delays in processing your claim. NA Form 13075 is available at: https://www.archives.gov/files/st-louis/military-personnel/na-13075-questionnaire-aboutmilitary-service.pdf</p> <p>NOTE: The Veterans Benefits Administration (VBA) is no longer able to retrieve or return original documents submitted. Please do not submit original documents to VA since they will not be returned to you.</p>

Survivors Pension
<p>To support your claim for Survivors Pension, the evidence must show:</p> <ol style="list-style-type: none"> 1. The veteran met certain minimum <u>active service</u> requirements during a period of war. Generally, those requirements are: <ul style="list-style-type: none"> • 90 days of service during a period of war; OR • 90 days of consecutive service at least one day of which was during a period of war; OR • 90 days of combined service during more than one period of war <p>(Note: If the veteran's service began after September 7, 1980, additional length-of-service requirements may apply, typically requiring two years of continuous service or completion of active-duty obligations.); OR</p> <ul style="list-style-type: none"> • any length of active service during a period of war when: <ul style="list-style-type: none"> • at the time of death, the veteran was receiving (or entitled to receive) VA disability compensation or retirement pay for a service-connected disability; OR • the veteran was discharged from active service due to a service-connected disability. 2. Your income and assets do not exceed certain requirements. Assets means the fair market value of all property that an individual owns, including all real and personal property (excluding the value of the primary residence including the residential lot area that does not exceed 2 acres, unless the additional acreage is not marketable) less the amount of mortgages or other encumbrances specific to the mortgaged or encumbered property. Personal property means the value of personal effects that are in excess of being suitable and consistent with a reasonable mode of life.

EVIDENCE TABLES (Continued)

Dependency and Indemnity Compensation (DIC)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DIC under 38 U.S.C. 1151:

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

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

EVIDENCE TABLES (Continued)

DIC Re-evaluation Based on PL 117-168 (PACT Act)

Public Law 117-168 (PACT ACT) was signed into law on August 10, 2022. This resulted in a substantial expansion of a veteran's military service that qualifies for presumptive toxic exposure and new presumptive conditions linked to that exposure. The law allows prior claimants for DIC to request a re-evaluation based on the expanded eligibility within the PACT Act. More information about the PACT Act can be found at <https://www.va.gov/resources/the-pact-act-and-your-va-benefits/>.

In order to support your claim for **DIC re-evaluation based on PL 117-168 (PACT Act)** the evidence must show:

- A claim was submitted and denied prior to August 10, 2022, the date the PACT Act went into effect; **AND**
- The claimant has elected re-evaluation of the previously denied claim.

Supplemental DIC:

In order to reopen a **claim previously denied by VA**, we need:

- The prescribed supplemental claim form, VA Form 20-0995, *Decision Review Request: Supplemental Claim*; **AND**
- New and relevant evidence. New and relevant evidence must raise a reasonable possibility of substantiating your claim. The evidence cannot simply be repetitive or cumulative of the evidence we had when we previously decided your claim. VA will make reasonable efforts to help you obtain currently existing evidence. However, we cannot provide a medical examination or obtain a medical opinion until your claim is successfully reopened.
 - To qualify as new, the evidence must currently exist and be submitted to VA for the first time
 - In order to be considered relevant, the additional existing evidence must pertain to the reason your claim was previously denied

Increased Survivor Benefits Based on Special Monthly Pension or Special Monthly DIC

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

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

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

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

Accrued Benefits

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

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

VA pays accrued benefits in the following order of priority:

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

NOTE: Child means an unmarried child of the veteran who is under 18 years of age, or at least 18 but under 23 years of age and pursuing an approved course of education or became incapable of self-support prior to reaching age 18.

If there are no living persons who are entitled on the basis of relationship, accrued benefits may be used to reimburse the person or persons who paid for or are responsible to pay the expenses of last illness and burial of a beneficiary. The claim should be filed by the person or persons whose funds were or will be used to pay such expenses using VA Form 21P-601, *Application for Accrued Amounts Due a Deceased Beneficiary*.

Child Incapable of Self-Support

To support a **claim for benefits based on a veteran's child being incapable of self-support**, the evidence must show that the child, before their 18th birthday became permanently incapable of self-support due to mental or physical disability. The information necessary to establish the extent of the child's disability includes:

- the extent to which the child is and was, prior to reaching their 18th birthday, physically or mentally deficient as evidenced by factors such as their ability to perform self-care functions, and ordinary tasks expected of a child of that age
- whether or not the child attended school and, if so, the maximum grade attended
- if any material improvement in the child's condition has occurred
- if the child has ever been employed and, if so, the nature and dates of such employment, and amount of pay received
- whether or not the child has ever been married, and
- a description of the child's present condition

IMPORTANT INFORMATION REGARDING MARRIAGE:

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

HOW VA DETERMINES THE EFFECTIVE DATE

If we grant a claim for Survivors benefits, the beginning date of your entitlement will generally be the date we received your claim. However, if VA receives your claim within one year after the date of the veteran's death, entitlement will be from the first day of the month in which the veteran died. The veteran's death certificate is evidence relevant to determining the effective date of any benefits we award.

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

WHERE TO SEND COMPLETED APPLICATION AND EVIDENCE

When you have completed this application, you can either submit online or mail it to the Pension Intake Center listed below. Be sure to attach any materials that support and explain your claim. Also, make a photocopy of your application and any evidence you send to VA before submitting.

MAIL TO	SUBMIT ONLINE
Department of Veterans Affairs Pension Intake Center PO Box 5365 Janesville, WI 53547-5365	VA gov: www.va.gov Direct Upload via access.va.gov

TERMS AND CALCULATIONS FOR SURVIVOR'S PENSION

Maximum Annual Pension Rate (MAPR)

This is the maximum payable amount of the benefit. Your MAPR is based on how many dependents you have and if your disabilities qualify you for Housebound or Aid and Attendance benefits. The MAPR is reviewed each year for cost-of-living adjustments.

Medical Deductible

The unreimbursed expenses must exceed 5 percent of the applicable MAPR. The deductible increases based on the number of dependents but is not adjusted for aid and attendance (A&A) or housebound.

Countable Medical Expenses

Your countable unreimbursed medical expenses are only those expenses that exceed the medical deductible. Medical expenses are typically considered on a calendar year basis.

- **Recurring Medical Expenses**
Examples may include Medicare Part B, Medical Insurance, In-Home Care Provider, or care provided by a care facility
- **One-time Medical Expenses**
Examples include Medical Co-Payments, Prescription Medications, and Durable Medical Equipment.

Countable Income

We count the income you report or the income we discover from data matching programs with other federal sources. If our data match shows a significant discrepancy, you will be removed from the FDC program and asked to clarify the discrepancy. We count incomes in three ways:

- **One-time income** is income that you receive once, and the VA will count it for one year from the receipt date.
Examples include Lottery winnings, gifts, capital gains from property sales, irregular IRA or stock disbursements
- **Irregular-income** is income that you receive at different time or in irregular amounts throughout the year and VA will count it for one year from the receipt date.
Examples include odd job or contract work and interest income from fluctuating rates.
- **Recurring income** is counted continuously until we are informed that you are no longer in receipt of it.
Examples include wages from employment, retirement payments, required minimal distributions from an IRA.

Income for VA Purposes (IVAP)

The VA counts all your income and considers any unreimbursed medical expenses reported when determining your IVAP. The following calculation is a way for you to estimate your IVAP.

Countable Yearly Income – Countable Medical Expenses (less medical deductible) = Income for VA Purposes

Pension Rate

Your maximum annual benefit is the difference of the current MAPR and what the VA calculates as your IVAP. To convert into a monthly benefit, take this amount and divide by 12 then rounded down to the nearest dollar.

Maximum Annual Pension Rate - Income for VA purposes = Annual Pension Rate.

Net Worth

The net worth limit is increased by the same percentage as the Social Security increase when there is a cost-of-living adjustment. For purposes of entitlement to VA pension, net worth includes your assets and your and your dependent's annual income. If your child has net worth that exceeds the limit, VA won't consider them to be a dependent when determining your pension entitlement.

Additional information about how VA calculates net worth, income, and benefit rates can be found at:

<https://www.va.gov/pension/survivors-pension-rates/>

SURVIVORS BENEFITS APPLICATION CHECKLIST

In addition to your application, VA may require some of the evidence described in this checklist. Failure to provide needed evidence, may delay the decision on your claim. This checklist does not apply to claims for Accrued benefits. Please carefully read pages 5 and 6 of the Instructions if you are claiming service-connected death (Dependency and Indemnity Compensation (DIC) only. Please note, the items marked with an asterisk (*) are required.

VERIFICATION OF VETERANS DEATH* (Requested on page 2 of Instructions)

- A Death certificate for the veteran, clearly showing the primary cause(s) of death and any contributing factors or conditions (If the veteran's death certificate lists the cause of death as "Pending," please have the medical examiner submit evidence that shows the cause of death).

SERVICE VERIFICATION* (Requested on page 4 of Instructions and Section III of the form)

- Copy of the veteran's DD Form 214 (or equivalent) for all periods of military service. Must demonstrate military service dates, type of service and character of discharge.

INCOME AND NET WORTH (Requested on page 2 of Instructions and Section IX of the form)

- VA Form 21P-0969, *Income and Asset Statement in Support of Claim for Pension or Parents' DIC*, is required if instructed in Section IX of this application form.

NOTE: If you have specific types of income or assets the VA Form 21P-0969 requires additional evidence:

- Farm - VA Form 21P-4165, *Pension Claim Questionnaire for Farm Income*
- Business - VA Form 21P-4185, *Report of Income from Property or Business*
- Rental Property - VA Form 21P-4185, *Report of Income from Property or Business*
- Royalties - VA Form 21-4138, *Statement in Support of Claim*, (provide details, such as Royalty source, joint owners, etc.)
- Trust - submit complete trust documents to include the Schedule of Assets
- Interest, Dividends or Financial Investments - Current account statements from financial institutions (Bank, Investment, Annuity, etc.

SPECIAL CIRCUMSTANCES REGARDING YOUR MEDICAL CARE (Requested on page 2 of Instructions and in Sections VIII and X of the form)

Claim for Special Monthly Pension (SMP) - Aid and Attendance or Housebound Status

- VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*

Claim for Medicare Nursing Home and/or \$90.00 Rate Reduction Request

- VA Form 21-0779, *Request for Nursing Home Information in Connection with Claim for Aid and Attendance*

Claim for Fiduciary Assistance

- VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*

Statement of Medical Care

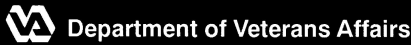
- Care worksheets (found on pages 19 and 20 of the form).
- Proof of Payment from care provided (canceled checks, bank statements, etc.).
- Signed verification from care service provider.

Dependent Children* (Requested on page 2 of Instructions and Section VI of the form)

- A birth certificate must be included clearly showing the veteran as the parent if you do not reside within the U.S. or its territories. (A state includes the District of Columbia, Puerto Rico and other territories and possessions of the U.S.)
- If child(ren) is/are adopted the adoption decree or a revised birth certificate is required.
- If your child is between the ages of 18 and 23 please submit VA Form 21-674, *Request for Approval of School Attendance*.
- Medical records for each seriously disabled child.

Medical Expenses (Requested in Section X of the form)

- If additional space is needed, submit VA Form 21P-8416, *Medical Expense Report*.



VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

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

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 18. Use this form to submit a claim for DIC, Survivors Pension, and/or Accrued Benefits. For additional information or questions contact us online at <https://www.va.gov/contact-us> or call us toll-free at 1-800-827-1000 (TTY: 711). VA forms are available at www.va.gov/vaforms. If submitting by mail, send completed form to: **Department of Veterans Affairs, Pension Intake Center, P.O. Box 5365, Janesville, WI 53547-5365.**

SECTION I: VETERAN'S IDENTIFICATION INFORMATION (MUST COMPLETE)

NOTE: You may *either* complete the form by typing the information in on the computer or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1A. VETERAN'S NAME (First, Middle Initial, Last)

1B. VETERAN'S SOCIAL SECURITY NUMBER

1C. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)

1D. HAS THE VETERAN, SURVIVING SPOUSE, CHILD, OR PARENT EVER FILED A CLAIM WITH VA?

YES NO (If "YES," provide the file number in Item 1E)

1E. VA FILE NUMBER (If known)

1F. DID THE VETERAN DIE WHILE ON ACTIVE DUTY?

YES NO

1G. VETERAN'S SERVICE NUMBER

1H. VETERAN'S DATE OF DEATH? (MM/DD/YYYY)

SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION (MUST COMPLETE)

2A. YOUR NAME (First, Middle Initial, Last)

2B. WHAT IS YOUR RELATIONSHIP TO THE VETERAN? (Check one)

SURVIVING SPOUSE CHILD 18-23 IN SCHOOL CUSTODIAN FILING FOR CHILD UNDER 18 HELPLESS ADULT CHILD

2C. YOUR SOCIAL SECURITY NUMBER

2D. YOUR DATE OF BIRTH (MM/DD/YYYY)

2E. ARE YOU A VETERAN?

YES NO

2F. MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code

2G. YOUR TELEPHONE NUMBER (Include Area Code)

 Enter International Phone Number (If applicable)

2H. E-MAIL ADDRESS (Optional)

2I. WHAT ARE YOU CLAIMING? (Check all that apply)

DEPENDENCY AND INDEMNITY COMPENSATION (DIC) SURVIVORS PENSION ACCRUED BENEFITS

SECTION III: VETERAN'S SERVICE INFORMATION

(Skip to Section IV if the veteran was receiving VA compensation or pension benefits at the time of their death)

NOTE: Please refer to instructions page 4, Military Service Verification for more information pertaining to service information and relevant documents.

3A. DID THE VETERAN SERVE UNDER ANOTHER NAME?

YES NO (If "YES," list other names the veteran served under below)

SECTION V: MARITAL HISTORY

TELL US ABOUT ANY OTHER MARRIAGES YOU AND/OR THE VETERAN HAD. IF YOU AND THE VETERAN DID NOT HAVE ANY ADDITIONAL MARRIAGES SKIP TO SECTION VI.

VETERAN'S PRIOR MARRIAGES (If none skip to Item 5L)

5A. NAME OF PERSON VETERAN WAS PREVIOUSLY MARRIED TO (First, Middle Initial, Last)

5B. HOW DID THE VETERAN'S PREVIOUS MARRIAGE END?

- DEATH DIVORCE OTHER (Explain below)

5C. WHAT ARE THE DATES OF THE VETERAN'S PREVIOUS MARRIAGE? (MM/DD/YYYY)

START: / /
 END: / /

5D. PLACE OF MARRIAGE (City/State or Country)

5E. PLACE OF MARRIAGE TERMINATION (City/State or Country)

5F. NAME OF PERSON VETERAN WAS PREVIOUSLY MARRIED TO (First, Middle Initial, Last)

5G. HOW DID THE VETERAN'S PREVIOUS MARRIAGE END?

- DEATH DIVORCE OTHER (Explain below)

5H. WHAT ARE THE DATES OF THE VETERAN'S PREVIOUS MARRIAGE? (MM/DD/YYYY)

START: / /
 END: / /

5I. PLACE OF MARRIAGE (City/State or Country)

5J. PLACE OF MARRIAGE TERMINATION (City/State or Country)

5K. DO YOU HAVE ADDITIONAL MARRIAGES TO REPORT FOR THE VETERAN?

- YES NO (If "YES," please submit a VA Form 21-686c, *Application to Request to Add And/Or Remove Dependents*, or VA Form 21-4138, *Statement in Support of Claim*, as needed to provide the information for additional marital history)

TELL US ABOUT YOUR MARRIAGES PRIOR TO MARRYING THE VETERAN (If none skip to Section VI)

5L. NAME OF PERSON YOU WERE MARRIED TO PRIOR TO MARRYING THE VETERAN (First, Middle Initial, Last)

5M. HOW DID YOUR PREVIOUS MARRIAGE END?

- DEATH DIVORCE OTHER (Explain below)

5N. WHAT ARE THE DATES OF YOUR PREVIOUS MARRIAGE? (MM/DD/YYYY)

START: / /
 END: / /

5O. PLACE OF MARRIAGE (City/State or Country)

5P. PLACE OF MARRIAGE TERMINATION (City/State or Country)

5Q. NAME OF PERSON YOU WERE MARRIED TO PRIOR TO MARRYING THE VETERAN (First, Middle Initial, Last)

5R. HOW DID YOUR PREVIOUS MARRIAGE END?

- DEATH DIVORCE OTHER (Explain below)

5S. WHAT ARE THE DATES OF YOUR PREVIOUS MARRIAGE? (MM/DD/YYYY)

START: / /
 END: / /

5T. PLACE OF MARRIAGE (City/State or Country)

5U. PLACE OF MARRIAGE TERMINATION (City/State or Country)

5V. DO YOU HAVE ADDITIONAL MARRIAGES TO REPORT?

- YES NO (If "YES," please submit a VA Form 21-686c, *Application to Request to Add And/Or Remove Dependents*, or VA Form 21-4138, *Statement in Support of Claim*, as needed to provide the information for additional marital history)

SECTION VI: CHILD OF THE VETERAN INFORMATION
(COMPLETE ONLY IF CLAIMING BENEFITS FOR A CHILD(REN) OF THE VETERAN)
(Skip to Section VII if you are NOT claiming benefits for a child(ren) of the veteran)

NOTE: Please refer to instructions page 2, under "Special Circumstances" for what is considered a dependent child. In most circumstances, children over the age of 23 are not considered dependent for VA purposes.

6A. HOW MANY DEPENDENT CHILDREN DO YOU HAVE?

(NOTE: Please complete a VA Form 21-686c, *Application Request to Add and/or Remove Dependents*, if you need more space for additional dependents)

6B. CHILD'S NAME (First, Middle Initial, Last)

6C. CHILD'S DATE OF BIRTH (MM/DD/YYYY)

/ /

6D. CHILD'S SOCIAL SECURITY NUMBER

- -

6E. PLACE OF BIRTH (City/State or Country)

6F. WHAT IS THE CHILD'S STATUS? (Check all that apply)

- BIOLOGICAL ADOPTED STEPCCHILD 18-23 YEARS OLD (in school) SERIOUSLY DISABLED CHILD PREVIOUSLY MARRIED
 DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT \$, .00

6G. CHILD'S NAME (First, Middle Initial, Last)

6H. CHILD'S DATE OF BIRTH (MM/DD/YYYY)

/ /

6I. CHILD'S SOCIAL SECURITY NUMBER

- -

6J. PLACE OF BIRTH (City/State or Country)

6K. WHAT IS THE CHILD'S STATUS? (Check all that apply)

- BIOLOGICAL ADOPTED STEPCCHILD 18-23 YEARS OLD (in school) SERIOUSLY DISABLED CHILD PREVIOUSLY MARRIED
 DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT \$, .00

6L. CHILD'S NAME (First, Middle Initial, Last)

6M. CHILD'S DATE OF BIRTH (MM/DD/YYYY)

/ /

6N. CHILD'S SOCIAL SECURITY NUMBER

- -

6O. PLACE OF BIRTH (City/State or Country)

6P. WHAT IS THE CHILD'S STATUS? (Check all that apply)

- BIOLOGICAL ADOPTED STEPCCHILD 18-23 YEARS OLD (in school) SERIOUSLY DISABLED CHILD PREVIOUSLY MARRIED
 DOES NOT LIVE WITH YOU AND MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT \$, .00

6Q. DO YOUR CHILDREN WHO DO NOT LIVE WITH YOU (If listed above) RESIDE AT THE SAME ADDRESS?

- YES NO (If "YES," please complete Item 6R) (If "NO," please complete a VA Form 21-4138, *Statement in Support of Claim*, with the following information: Name of person the child is currently living with, and the full address where the child resides)

6R. PLEASE PROVIDE THE NAME AND ADDRESS OF THE CHILD(REN) CUSTODIAN BELOW:

Custodian's Name (First, Middle Initial, Last)

Custodian's Mailing Address (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code -

**SECTION VII: DEPENDENCY AND INDEMNITY COMPENSATION (DIC)
(Skip to Section VIII if you are NOT claiming DIC)**

7A. WHAT BENEFIT ARE YOU CLAIMING? (Check one)

DIC DIC under 38 U.S.C. 1151 (**Note:** DIC under 38 U.S.C. 1151 is a rare benefit. Please refer to Instructions page 5 for guidance on 38 U.S.C 1151) DIC due to claimant election of a re-evaluation of a previously denied claim based on expanded eligibility under PL 117-168 (PACT Act) (**Note:** Please refer to Instructions page 6 for guidance on PACT Act)

7B. LIST ANY VA MEDICAL CENTERS WHERE THE VETERAN RECEIVED TREATMENT PERTAINING TO YOUR CLAIM AND PROVIDE TREATMENT DATES:

NAME AND LOCATION OF VA MEDICAL CENTER	DATE(S) OF TREATMENT (MM/DD/YYYY)
	START: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> END: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	START: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> END: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	START: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> END: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION VIII: NURSING HOME OR INCREASED SURVIVORS ENTITLEMENT

8A. ARE YOU CLAIMING SPECIAL MONTHLY PENSION OR SPECIAL MONTHLY DIC BECAUSE YOU NEED THE REGULAR ASSISTANCE OF ANOTHER PERSON, HAVE SEVERE VISUAL PROBLEMS, OR ARE GENERALLY CONFINED TO YOUR IMMEDIATE PREMISES?

YES NO (If "YES," please complete a VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance. Please make sure every box is complete and signed by a Physician, Physician Assistant (PA), Certified Nurse Practitioner (CNP/CRNP), or Clinical Nurse Specialist (CNS)*)

8B. ARE YOU NOW IN A NURSING HOME?

YES NO (If "YES," complete VA Form 21-0779, *Request for Nursing Home Information in Connection with Claim for Aid and Attendance*. For additional information see Instructions, page 6 under "Increased Survivor Benefits Based on Special Monthly Pension or Special Monthly DIC") (If "NO," skip to Item 9A)

**SECTION IX: INCOME AND ASSETS
(Skip to Section X if you are NOT claiming survivors pension benefits)**

NOTE: Assets are all the money and property you or your dependents own. Assets **do not** include your/your family's primary residence or personal effects such as appliances and vehicles you or your dependents need for transportation.

IMPORTANT:

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

9A. DO YOU OR YOUR DEPENDENTS HAVE OVER \$25,000.00 IN ASSETS? (NOT INCLUDING THE VALUE OF YOUR PRIMARY RESIDENCE)

YES NO (If "YES," please submit a VA Form 21P-0969, *Income and Asset Statement in Support of Claim for Pension or Parent's Dependency and Indemnity Compensation (DIC)*)

(If "No," provide an estimate of the total value of your assets below)

\$, .

9B. IN THE THREE CALENDAR YEARS BEFORE THIS YEAR, DID YOU OR YOUR DEPENDENTS TRANSFER ANY ASSETS? (Examples of asset transfers include giving assets away, selling assets, purchasing an annuity, or using assets to establish a trust)

YES NO (If "YES," please submit a VA Form 21P-0969, *Income and Asset Statement in Support of Claim for Pension or Parent's Dependency and Indemnity Compensation (DIC)*)

9C. DO YOU OR YOUR DEPENDENTS OWN YOUR/YOUR FAMILY'S PRIMARY RESIDENCE?

YES NO (If "NO," skip to Item 9G)

9D. IS THE VALUE OF THE LOT ON WHICH THE PRIMARY RESIDENCE SITS OVER 2 ACRES (87,120 SQ FT)?

YES NO (If "NO," skip to Item 9H)

9E. IF PRIMARY RESIDENCE SITS ON A LOT OVER 2 ACRES (87,120 SQ FT), WHAT IS THE VALUE OF THE LAND OVER 2 ACRES? (Do **NOT** include the value of the residence or the first 2 acres)

\$, , .

9F. IS THE LAND OVER 2 ACRES (87,120 SQ FT) MARKETABLE?

YES NO (If "YES," please submit a VA Form 21P-0969)

9G. DO YOU OR YOUR DEPENDENTS HAVE MORE THAN FOUR (4) SOURCES OF INCOME?

YES NO (If "YES," please submit a VA Form 21P-0969, and **ONLY** report your Social Security income in Item 9I)

9H. OTHER THAN SOCIAL SECURITY, DID YOU OR YOUR DEPENDENTS RECEIVE ANY INCOME LAST YEAR THAT YOU NO LONGER RECEIVE?

YES NO (If "YES," please submit a VA Form 21P-0969)

SECTION IX: INCOME AND ASSETS (CONTINUED)
(Skip to Section X if you are not claiming survivors pension benefits)

Please use the space below to report any income you currently receive.

IMPORTANT: If you have been directed to complete a VA Form 21P-0969, *Income and Asset Statement in Support of Claim for Pension or Parents' DIC*, in previous Items 9A through 9H, VA only requires that Social Security income be reported below in Items 9I through 9L. All other income should be reported on the VA Form 21P-0969 and will be counted as reported, **do not** duplicate.

NOTE: Gross income is defined as any income you received prior to deductions. If reporting income in Items 9I through 9L, any items skipped or left blank will be considered as unspecified income and could require a request for additional information potentially delaying your claim. If you leave entire question blank we will assume you have no income to report.

NO.	(1) WHO IS THE INCOME RECIPIENT?	(2) WHAT IS THE TYPE/SOURCE OF INCOME?	(3) WHAT IS THE CURRENT GROSS MONTHLY INCOME?
9I	<input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Provide name below)	<input type="radio"/> SOCIAL SECURITY <input type="radio"/> PENSION/RETIREMENT <input type="radio"/> CIVIL SERVICE <input type="radio"/> INTEREST/DIVIDENDS <input type="radio"/> OTHER (Specify Source i.e., inheritance, etc.)	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>
9J	<input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Provide name below)	<input type="radio"/> SOCIAL SECURITY <input type="radio"/> PENSION/RETIREMENT <input type="radio"/> CIVIL SERVICE <input type="radio"/> INTEREST/DIVIDENDS <input type="radio"/> OTHER (Specify Source i.e., inheritance, etc.)	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>
9K	<input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Provide name below)	<input type="radio"/> SOCIAL SECURITY <input type="radio"/> PENSION/RETIREMENT <input type="radio"/> CIVIL SERVICE <input type="radio"/> INTEREST/DIVIDENDS <input type="radio"/> OTHER (Specify Source i.e., inheritance, etc.)	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>
9L	<input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Provide name below)	<input type="radio"/> SOCIAL SECURITY <input type="radio"/> PENSION/RETIREMENT <input type="radio"/> CIVIL SERVICE <input type="radio"/> INTEREST/DIVIDENDS <input type="radio"/> OTHER (Specify Source i.e., inheritance, etc.)	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>

SECTION X: INFORMATION ABOUT YOUR MEDICAL OR OTHER EXPENSES

Family medical expenses and certain other expenses you actually paid may be deductible from your income. Show the amount of unreimbursed medical expenses, including the Medicare deduction, you paid over the last year (or expect to pay and continue indefinitely) for yourself or relatives who are members of your household. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid.

Last illness and burial expenses are unreimbursed amounts you paid for the last illness and burial of a spouse or child, educational or vocational rehabilitation expenses are amounts you paid for courses of education including tuition, fees, and materials. Do not include any expenses for which you were/will be reimbursed. Please make sure to complete all criteria below (if applicable). If you need more space, complete and attach a separate VA Form 21P-8416, *Medical Expense Report*.

IMPORTANT: Out of pocket expenses paid by you or a VA-approved dependent may be claimed. Do **NOT** include expenses paid by other family members, insurance, etc.

10A. ARE YOU OR YOUR DEPENDENTS CLAIMING UNREIMBURSED MEDICAL EXPENSES OR OTHER EXPENSES?

YES NO (If "NO," skip to Section XI)

IN-HOME CARE OR CARE FACILITY

IMPORTANT: If you are claiming expenses for in-home care or assisted living, adult day care, or similar facility, you must complete the applicable worksheet(s) on pages 19 and 20 for each provider.

10B (1). WHOSE EXPENSES WERE PAID? <input type="radio"/> SURVIVING SPOUSE <input type="radio"/> OTHER (Specify below)	10B (2). NAME OF PROVIDER AND TYPE OF CARE CHECK ONE: <input type="radio"/> CARE FACILITY <input type="radio"/> IN-HOME CARE ATTENDENT	10B (3). IF THIS IS AN IN-HOME CARE PROVIDER WHAT IS THE: Payment Rate (Per Hour) \$ <input type="text"/> .00 Hours Worked (Per Week) <input type="text"/>
10B (4). PROVIDER START AND END DATE (MM/DD/YYYY) START: <input type="text"/> / <input type="text"/> / <input type="text"/> END: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="radio"/> NO END DATE	10B (5). PAYMENT FREQUENCY <input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY	10B (6). AMOUNT YOU PAY (Based on frequency selected in Item 10B (5)) \$ <input type="text"/> , <input type="text"/> . <input type="text"/>

IN-HOME CARE OR CARE FACILITY (Continued)

IMPORTANT: If you are claiming expenses for in-home care or assisted living, adult day care, or similar facility, you must complete the applicable worksheet(s) on pages 19 and 20 for each provider.

<p>10C (1). WHOSE EXPENSES WERE PAID? <input type="radio"/> SURVIVING SPOUSE <input type="radio"/> OTHER (Specify below)</p>	<p>10C (2). NAME OF PROVIDER AND TYPE OF CARE</p> <p>CHECK ONE: <input type="radio"/> CARE FACILITY <input type="radio"/> IN-HOME CARE ATTENDENT</p>	<p>10C (3). IF THIS IS AN IN-HOME CARE PROVIDER WHAT IS THE:</p> <p>Payment Rate (Per Hour) \$ <input type="text"/> <input type="text"/> <input type="text"/> .00</p> <p>Hours Worked (Per Week) <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>10C (4). PROVIDER START AND END DATE (MM/DD/YYYY)</p> <p>START: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>END: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="radio"/> NO END DATE</p>	<p>10C (5). PAYMENT FREQUENCY</p> <p><input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY</p>	<p>10C (6). AMOUNT YOU PAY (Based on frequency selected in Item 10C (5))</p> <p>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>

<p>10D (1). WHOSE EXPENSES WERE PAID? <input type="radio"/> SURVIVING SPOUSE <input type="radio"/> OTHER (Specify below)</p>	<p>10D (2). NAME OF PROVIDER AND TYPE OF CARE</p> <p>CHECK ONE: <input type="radio"/> CARE FACILITY <input type="radio"/> IN-HOME CARE ATTENDENT</p>	<p>10D (3). IF THIS IS AN IN-HOME CARE PROVIDER WHAT IS THE:</p> <p>Payment Rate (Per Hour) \$ <input type="text"/> <input type="text"/> <input type="text"/> .00</p> <p>Hours Worked (Per Week) <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>10D (4). PROVIDER START AND END DATE (MM/DD/YYYY)</p> <p>START: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>END: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="radio"/> NO END DATE</p>	<p>10D (5). PAYMENT FREQUENCY</p> <p><input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY</p>	<p>10D (6). AMOUNT YOU PAY (Based on frequency selected in Item 10D (5))</p> <p>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>

OTHER MEDICAL, LAST, AND/OR BURIAL EXPENSES

<p>10E (1). WHOSE EXPENSES WERE PAID? (Check one) <input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Specify below)</p>	<p>10E (2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.)</p> <p>Provider: <input style="width:100%;" type="text"/></p> <p>Purpose: <input style="width:100%;" type="text"/></p>	
<p>10E (3). DATE COSTS INCURRED (MM/DD/YYYY)</p> <p><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>10E (4). PAYMENT FREQUENCY</p> <p><input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY <input type="radio"/> ONE-TIME</p>	<p>10E (5). AMOUNT YOU PAY (Based on frequency selected in Item 10E (4))</p> <p>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>

<p>10F (1). WHOSE EXPENSES WERE PAID? (Check one) <input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Specify below)</p>	<p>10F (2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.)</p> <p>Provider: <input style="width:100%;" type="text"/></p> <p>Purpose: <input style="width:100%;" type="text"/></p>	
<p>10F (3). DATE COSTS INCURRED (MM/DD/YYYY)</p> <p><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>10F (4). PAYMENT FREQUENCY</p> <p><input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY <input type="radio"/> ONE-TIME</p>	<p>10F (5). AMOUNT YOU PAY (Based on frequency selected in Item 10F (4))</p> <p>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>

<p>10G (1). WHOSE EXPENSES WERE PAID? (Check one) <input type="radio"/> SURVIVING SPOUSE <input type="radio"/> CHILD (Specify below)</p>	<p>10G (2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.)</p> <p>Provider: <input style="width:100%;" type="text"/></p> <p>Purpose: <input style="width:100%;" type="text"/></p>	
<p>10G (3). DATE COSTS INCURRED (MM/DD/YYYY)</p> <p><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>10G (4). PAYMENT FREQUENCY</p> <p><input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY <input type="radio"/> ONE-TIME</p>	<p>10G (5). AMOUNT YOU PAY (Based on frequency selected in Item 10G (4))</p> <p>\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p>

VETERAN'S SOCIAL SECURITY NUMBER - -

OTHER MEDICAL, LAST, AND/OR BURIAL EXPENSES (Continued)

<p>10H (1). WHOSE EXPENSES WERE PAID? (Check one)</p> <p><input type="radio"/> SURVIVING SPOUSE</p> <p><input type="radio"/> CHILD (Specify below)</p>	<p>10H (2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.)</p> <p>Provider: <input style="width:100%;" type="text"/></p> <p>Purpose: <input style="width:100%;" type="text"/></p>	
<p>10H (3). DATE COSTS INCURRED (MM/DD/YYYY)</p> <p><input type="text"/>/ <input type="text"/>/ <input type="text"/></p>	<p>10H (4). PAYMENT FREQUENCY</p> <p><input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY</p> <p><input type="radio"/> ONE-TIME</p>	<p>10H (5). AMOUNT YOU PAY (Based on frequency selected in Item 10H (4))</p> <p>\$ <input type="text"/> , <input type="text"/> . <input type="text"/></p>

<p>10I (1). WHOSE EXPENSES WERE PAID? (Check one)</p> <p><input type="radio"/> SURVIVING SPOUSE</p> <p><input type="radio"/> CHILD (Specify below)</p>	<p>10I (2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.)</p> <p>Provider: <input style="width:100%;" type="text"/></p> <p>Purpose: <input style="width:100%;" type="text"/></p>	
<p>10I (3). DATE COSTS INCURRED (MM/DD/YYYY)</p> <p><input type="text"/>/ <input type="text"/>/ <input type="text"/></p>	<p>10I (4). PAYMENT FREQUENCY</p> <p><input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY</p> <p><input type="radio"/> ONE-TIME</p>	<p>10I (5). AMOUNT YOU PAY (Based on frequency selected in Item 10I (4))</p> <p>\$ <input type="text"/> , <input type="text"/> . <input type="text"/></p>

<p>10J (1). WHOSE EXPENSES WERE PAID? (Check one)</p> <p><input type="radio"/> SURVIVING SPOUSE</p> <p><input type="radio"/> CHILD (Specify below)</p>	<p>10J (2). PAID TO (Name of Provider, Insurance company, etc.) AND PURPOSE (Insurance premium, medical supplies, etc.)</p> <p>Provider: <input style="width:100%;" type="text"/></p> <p>Purpose: <input style="width:100%;" type="text"/></p>	
<p>10J (3). DATE COSTS INCURRED (MM/DD/YYYY)</p> <p><input type="text"/>/ <input type="text"/>/ <input type="text"/></p>	<p>10J (4). PAYMENT FREQUENCY</p> <p><input type="radio"/> MONTHLY <input type="radio"/> ANNUALLY</p> <p><input type="radio"/> ONE-TIME</p>	<p>10J (5). AMOUNT YOU PAY (Based on frequency selected in Item 10J (4))</p> <p>\$ <input type="text"/> , <input type="text"/> . <input type="text"/></p>

SECTION XI: DIRECT DEPOSIT INFORMATION (MUST COMPLETE)

The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. To enroll in direct deposit, provide the information requested below, **and** attach either a voided personal check **or** a deposit slip. If you **do not** have a bank account, please visit <https://www.benefits.va.gov/benefits/banking.asp>. This website provides information about the Veterans Benefits Banking Program (VBBP), and a link to banks and credit unions that may fit your needs. You may also call 1-800-827-1000. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

<p>11A. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)</p> <p><input style="width:100%; height: 20px;" type="text"/> <input style="width:100%; height: 20px;" type="text"/></p>	<p>11B. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)</p> <p><input style="width:100%; height: 20px;" type="text"/></p>
<p>11C. ACCOUNT NUMBER (Check the appropriate box and provide the account number, or simply write "Established" if you have a direct deposit with VA.)</p> <p><input type="radio"/> CHECKING <input type="radio"/> SAVINGS <input type="radio"/> I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT</p> <p>Account No.: <input style="width:100%;" type="text"/></p>	

SECTION XII: CLAIM CERTIFICATION AND SIGNATURE (MUST COMPLETE)

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

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

I certify I have enclosed all the information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility, such as a VA medical center; **OR**, I have no information or evidence to give VA to support my claim; **OR**, I have checked the box in Item 12A, indicating that I **DO NOT** want my claim considered for rapid processing in the Fully Developed Claim (FDC) Program because I plan to submit further evidence in support of my claim.

12A. The FDC Program is designed to rapidly process compensation or pension claims received with the evidence necessary to decide the claim. VA will *automatically* consider a claim submitted on this form for rapid processing under the FDC Program. Check the below box **ONLY if you DO NOT want your claim considered for rapid processing** under the FDC Program because you plan to submit further evidence in support of your claim.

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

VETERAN'S SOCIAL SECURITY NUMBER - -

SECTION XII: CLAIM CERTIFICATION AND SIGNATURE (MUST COMPLETE) (Continued)

12B. CLAIMANT'S SIGNATURE OR MARK WITH AN "X" IF UNABLE TO SIGN (REQUIRED)	12C. DATE SIGNED (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
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**SECTION XIII: WITNESSES TO SIGNATURE
(TWO (2) WITNESS SIGNATURES ARE REQUIRED ONLY IF ITEM 12B IS SIGNED WITH AN "X")**

13A. SIGNATURE OF WITNESS (Sign in INK) (NOTE: Only sign if claimant signed in Item 12B using an "X")	13B. PRINTED NAME AND ADDRESS OF WITNESS Name: Address:
13C. SIGNATURE OF WITNESS (Sign in INK) (NOTE: Only sign if claimant signed in Item 12B using an "X")	13D. PRINTED NAME AND ADDRESS OF WITNESS Name: Address:

**SECTION XIV: ALTERNATE SIGNER CERTIFICATION AND SIGNATURE
(NOTE: REQUIRED ONLY IF ITEM 12B IS BLANK)**

I certify that by signing on behalf of the claimant, that I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

14A. ALTERNATE SIGNER SIGNATURE	14B. DATE SIGNED (MM/DD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
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PRIVACY ACT NOTICE: The form will be used to determine allowance to pension benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Your response is required in order to obtain or retain benefits. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine your eligibility for pension. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 40 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

WORKSHEET FOR IN-HOME ATTENDANT EXPENSES

NOTE: This worksheet is to be completed by your in-home care provider -OR- if an agency is providing you in-home care please have an agency administrator complete this form. These expenses must be claimed on your application for benefits or VA Form 21P-8416, *Medical Expense Report*. In addition, VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance* may be needed to count these expenses.

1. WHO ARE YOU COMPLETING THIS WORKSHEET FOR? (Name of Care Recipient, either the Claimant or Dependent)

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2. WHO IS COMPLETING THIS WORKSHEET? (In-Home Care Attendant or Agency Administrator, Provider)

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3. IS THE IN-HOME CARE PROVIDED BY A LICENSED MEDICAL PROFESSIONAL?
(A licensed health care provider refers to a person licensed to furnish health services by the State or country in which the services are provided.)

YES NO

4. DO YOU WORK FOR AN AGENCY OR ORGANIZATION?

YES NO (If "NO," skip to question 7)

5. WHAT IS THE NAME OF THE AGENCY OR ORGANIZATION?

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6. WHAT IS THE AGENCY TELEPHONE NUMBER?

	-		-	
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7. WHAT IS YOUR MAILING ADDRESS OR THAT OF YOUR AGENCY'S ADMINISTRATIVE OFFICE?

No. & Street

--

Apt./Unit Number

--

 City

--

State/Province

--

 Country

--

 ZIP Code

--	--	--	--	--	--

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8. PLEASE SELECT EACH ACTIVITY OF DAILY LIVING (ADL) THAT THE IN-HOME CARE ASSISTANT PROVIDED TO THE CARE RECIPIENT.

- A. EATING B. BATHING/SHOWERING C. TRANSFERRING IN OR OUT OF BED OR CHAIR
 D. DRESSING E. USING THE TOILET F. AMBULATING WITHIN HOME OR LIVING AREA

9. PLEASE SELECT EACH INSTRUMENTAL ACTIVITY OF DAILY LIVING (IADL) THAT THE IN-HOME CARE ASSISTANT PROVIDES TO THE CARE RECIPIENT.

- A. SHOPPING B. FOOD PREPARATION C. NON-MEDICAL TRANSPORTATION
 D. LAUNDERING E. USING TELEPHONE F. MANAGING FINANCES
 G. HOUSEKEEPING H. HANDLING MEDICATIONS

10. IS THE PRIMARY RESPONSIBILITY OF THE IN-HOME ATTENDANT TO PROVIDE THE CARE RECIPIENT WITH HEALTH CARE OR CUSTODIAL CARE? (Custodial Care is regular assistance with two or more ADLs (Question 8), or supervision because an individual with a physical, mental, developmental, or cognitive disorder requires care or assistance on a regular basis to protect the individual from hazards or dangers incident to their daily environment.)

YES NO

11. PLEASE PROVIDE THE DATE CARE BEGAN FOR THE CARE RECIPIENT. (MM/DD/YYYY)

	/		/	
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12. ON WHAT DATE DO YOU EXPECT THIS CARE TO END? (MM/DD/YYYY)
(Select "Indefinite" if the care you provide is not temporary.)

	/		/		<input type="radio"/> INDEFINITE
--	---	--	---	--	----------------------------------

13. PLEASE PROVIDE THE HOURLY CHARGES THE CARE RECIPIENT IS RESPONSIBLE FOR PAYING.

\$

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 PER HOUR

14. PLEASE PROVIDE THE TOTAL HOURS PER MONTH THAT YOU PROVIDE CARE TO THE CARE RECIPIENT.

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 HOURS PER MONTH

CERTIFICATION

I CERTIFY that the information stated within this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES is accurate and reflects the current environment of the care recipient and the care services listed in questions eight and nine (8-9) above.

15. SIGNATURE OF PROVIDER (From question 2)

16. DATE SIGNED (MM/DD/YYYY)

	/		/	
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**NOTICE OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM
FOR BURIAL BENEFITS (UNDER 38 U.S.C., CHAPTER 23)**

This notice provides information regarding the evidence necessary to substantiate a claim for:

- Non-service-connected Burial Allowance
- Service-connected Burial Allowance
- Plot or Interment Allowance
- Transportation Benefit
- Unclaimed Remains of Veteran

When to Use this Form

Use this notice and the attached application to submit a claim for any of the above named burial allowances and related burial benefits. This notice informs you of the evidence necessary to decide your claim. After you submit your claim on the attached application, you will not receive an initial letter regarding your claim. You do not need to submit another application.

If you are filing a claim for new burial benefits or disagree with an evaluation decided more than one year ago...	Please complete and submit VA Form 21P-530EZ, <i>Application for Burial Benefits</i>
If you disagree with a burial decided within the past year and have new and relevant evidence OR If you are filing a supplemental claim (a claim after an initial claim for the same burial benefit(s) previously decided)...	Please complete and submit VA Form 20-0995, <i>Decision Review Request: Supplemental Claim**</i>

**You may also file a request for a higher-level review or an appeal to the Board of Veterans' Appeals. For additional information on all these different options, please visit <https://benefits.va.gov/benefits/appeals.asp>.

Want to apply electronically?

You can apply for VA burial benefits online at <https://www.va.gov/>. You can also upload all supporting evidence you may have and make your claim a Fully Developed Claim (FDC).

NOTE: You may wish to contact an accredited Veterans Service Officer (VSO) to assist you with your application. For a list of accredited Veterans Service Organizations go to <https://www.va.gov/vso/>. You may also contact your state office of Veterans Affairs at <https://www.va.gov/statedva.htm> should you need further assistance with the application process.

Want your claim processed faster?

The FDC Program is the **fastest** way to get your claim processed without any risk to participate! To participate, submit your claim in accordance with the "FDC Criteria" shown on page 3. If you are making a claim for survivor benefits, use VA Form 21P-534EZ, *Application for DIC, Survivors Pension, and/or Accrued Benefits*. VA forms are available at www.va.gov/vaforms.

NOTE: Participation in the FDC program is optional and will not affect the benefits to which you are entitled. If you file a claim in the FDC Program and it is determined that other records exist and VA needs the records to decide your claim, then VA will simply remove the claim from the FDC Program and process it in the Standard Claim Process. If you wish to file your claim in the FDC Program, see FDC Program (Optional Expedited Process) on page 3. If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process on page 3.

FEES for claims: Section 5904, Title 38, United States Code (codified in § 14.636, Title 38, Code of Federal Regulations) contains provisions regarding fees that may be charged, allowed, or paid for services provided by a VA-accredited attorney or agent in connection with a proceeding before the Department of Veterans Affairs with respect to a claim for benefits under laws administered by the Department. Generally, a VA-accredited attorney or agent may charge you a fee for assisting in seeking further review of a claim for VA benefits only after VA has issued an initial decision on the claim and the attorney or agent has complied with the applicable power-of-attorney and the fee agreement requirements.

GENERAL INFORMATION

ELIGIBLE CLAIMANTS (Who Should File A Claim):

Check the appropriate box on the form (Item 13) regarding your relationship to the veteran to certify your correct claimant eligibility.

VA may grant a claim that any eligible person files. Upon death of the veteran, VA will pay the first living person to file a claim of those listed below:

- The veteran's surviving spouse; **OR**
- The survivor of a legal union between the deceased veteran and the survivor; **OR**
- The veteran's children, regardless of age (biological, step and adopted); **OR**
- The veteran's parents or the surviving parent; **OR**
- The executor or administrator of the deceased veteran's estate, or person acting for the deceased veteran's estate. A family member of the veteran who has paid for the burial or funeral expenses will be considered acting for the veteran's estate for burial benefit purposes only.
- For purposes of this application, legal union means a formal relationship between the veteran and the survivor that existed on the date of the veteran's death, was recognized under the law of the State in which the couple formalized to relationship and was evidenced by the State's issuance of documentation memorializing the relationship.

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

NOTE: Claimant Social Security Number and date of birth are not required when claiming unclaimed remains, or if the claimant is a firm, corporation, or state agency.

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

BURIAL ALLOWANCE: A one-time benefit payment payable toward the expenses of the funeral and burial of the veteran's remains. Burial includes all legal methods of disposing of the veteran's remains including, but not limited to, cremation, burial at sea and medical school donation. (See evidence table for more information.)

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

- (1) Expenses incurred for the plot or interment of a Veteran who was eligible for burial in a national cemetery if the actual burial was not in a national cemetery under the jurisdiction of the United States and non-service-connected burial allowance is granted; **OR**
- (2) Expenses are payable if non-service-connected burial allowance is granted and veteran was buried in a State-owned cemetery or sub-section used solely for the remains of such persons or other individuals as authorized within 38 U.S.C. 2303(b)(1) and meets eligibility for burial in a national cemetery.

"Plot" means the final disposition site of the remains, whether it is a grave, mausoleum vault, columbarium niche, or similar place.

"Interment" means the burial of casketed remains in the ground or the placement of cremated remains into a columbarium niche.

TRANSPORTATION BENEFIT: When transportation benefit is allowable, VA may pay for expenses relating to the transportation of the veteran's remains. This includes the pickup of the remains and the transportation of the veteran's remains to his or her final resting place. Claims for transportation benefits must include a statement of account showing itemized transportation charges.

VA may pay transportation benefits only when one of the following eligibility requirements are met:

- Service-connected burial allowance granted, or the veteran was in receipt of VA disability compensation and burial was in a national or covered Veteran's cemetery; **OR**
- Non-service-connected burial allowance granted, and the veteran was in receipt of VA disability compensation and **burial** was in a national or covered Veteran's cemetery; **OR**
- Burial for veteran's unclaimed remains granted and burial was in a national or covered Veteran's cemetery; **OR**
- VA hospitalization death

NOTE: a covered Veterans' cemetery is defined as a Veterans' cemetery in which a deceased Veteran is eligible to be buried that is owned by a State or is on trust land owned by, or held in trust for, a tribal organization, and for which the Secretary has made a grant under 38 U.S.C. 2408.

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 the proof of death has previously been furnished to VA, it does not need to be submitted again.

Claims for service-connected burial allowance must include the veteran's cause of death.

RESPONSIBLE FOR (LEGALLY INCURRED) EXPENSES: The claimant (you) have already paid or owe the burial expenses for the benefit being claimed and is legally the responsible party for the debt. By checking "Yes" in Item 22A on the form, you are certifying that this statement is true. If filing as an executor of the veteran's estate, by checking "Yes," in Item 22A you certify that the veteran paid the burial prior to his or her death or funds from the estate were used as payment.

SERVICE RECORD: A photocopy of the veteran's DD Form 214, Report of Separation (or equivalent) for all periods of military service will permit prompt processing. You may request a copy of the DD Form 214 through the National Archives' National Personnel Records Center (NPRC) using SF 180 (09/2021 version), Request Pertaining to Military Records, (available at <https://www.archives.gov/>) or through your local public custodian of records. Service documents **will not** be returned. If the veteran was receiving VA benefits, this is not required with your application.

SUBMITTING A CLAIM

When submitting a claim(s) for **Burial Benefits** the following information tells you what you need to do and what VA will do during the FDC Program (Optional Expedited Process) or the Standard Claim Process:

HOW TO SUBMIT A CLAIM: Submit your claim on a VA Form 21P-530EZ, *Application for Burial Benefits* (attached). Make sure you complete and sign your application.

WHAT YOU NEED TO DO: The tables beginning on page 3 describe the information and evidence you need to submit based on if you wish to have your claim considered in the FDC Program (Optional Expedited Process) or in the Standard Claim Process. You will need to indicate how you want your claim to be processed by checking the appropriate box in Section VII on page 7 of this form.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must submit:</p> <ul style="list-style-type: none"> • A signed and FULLY COMPLETED VA Form 21P-530EZ, <i>Application for Burial Benefits</i> • Required evidence for each burial benefit claimed (see tables below) • Complete veteran and claimant information • Proof of veteran's death, including the cause of death, if claiming service-connected burial allowance. If the veteran was seen outside of the VA, you must include copies of any medical records from a private medical provider or provide a completed VA Form 21-4142, <i>Authorization to Disclose Information to the Department of Veterans Affairs (VA)</i> and VA Form 21-4142a, <i>General Release for Medical Provider Information to the Department of Veterans Affairs (VA)</i>, with your application for VA to request the records on your behalf • An itemized statement of account, if claiming transportation benefit. <p>NOTE: If you decide to submit your claim through the FDC Program, please indicate FDC in Section VII of the application on page 7.</p>	<p>Please submit a complete signed VA Form 21P-530EZ, <i>Application for Burial Benefits</i>, that includes any required evidence listed in the tables below.</p> <p>If you know of any evidence not in your possession and want VA to try to get it for you;</p> <p>You must:</p> <ul style="list-style-type: none"> • Complete and sign VA Form 21-4142 and VA Form 21-4142a, identifying any private medical records you wish VA to request for you • Give VA enough information about other relevant evidence so that we can request it from the person or agency that has it <p>If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. <i>It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</i></p>
<p>You must:</p> <ul style="list-style-type: none"> • Send the above information and any specific evidence listed below for the burial benefit(s) claimed <i>along</i> with your claim form <p>If you submit additional information or evidence <i>after</i> you submit your "fully developed" claim, then VA will remove the claim from the FDC Program (Optional Expedited Process) and process it in the Standard Claim Process. If we decide your claim before one year from the date we receive the claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support the claim.</p>	<p>You are strongly encouraged to:</p> <ul style="list-style-type: none"> • Send any information or evidence as soon as you can <p>You have up to <i>one</i> year from the date we receive the claim to submit the information and evidence necessary to support your claim. If within 30 days, you do not provide any evidence or do not provide us with the information requested to assist you with obtaining evidence, we may decide your claim prior to the expiration of the one year period. If we decide the claim before one year from the date we receive the claim, you will still have the remainder of the one year period to submit additional information or evidence necessary to support the claim.</p>

HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM: The table below describes the information and evidence VA will assist you in obtaining based on whether you wish to have your claim considered in the FDC Program (Optional Expedited Process) or in the Standard Claim Process.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>VA will:</p> <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility, such as a VA Medical Center, that you adequately identify and authorized VA to obtain. • Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim. 	<p>VA will:</p> <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility, such as a VA Medical Center, that you adequately identify and authorized VA to obtain. • Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim. • Make every reasonable effort to obtain relevant records not held by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from State or local governments and privately held evidence and information you tell us about, such as a private doctor or hospital records from current or former employers.

WHERE TO SEND INFORMATION AND EVIDENCE: You may send your application and any evidence in support of your claim by using any of the following methods shown in the table below.

MAIL TO	ONLINE
Department of Veterans Affairs Pension Claims Intake Center P.O. Box 5365 Janesville, WI 53547-5365	https://www.va.gov/

WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM: The tables below show what evidence you must provide and eligibility information to support your claim for burial benefits.

EVIDENCE TABLES

Non-Service-Connected Burial Allowance

To support a claim for **non-service-connected burial allowance**, the evidence must show:

- VA received a burial claim for non-service-connected burial allowance no later than two years after the burial or cremation of the veteran; **AND**
- You are an eligible claimant authorized burial benefits; **AND**
- Proof of veteran's death; **AND**
- Statement certifying that the claimant incurred the burial expenses of the deceased veteran, or claimant is the executor of the estate and is applying on behalf of the veteran who incurred the expenses; **AND**
- Verification of veteran's military service (only if veteran was not in receipt of VA benefits at time of death; **AND**
- At the time of death, the veteran:
 - Was in receipt of VA disability compensation or VA pension; **OR**
 - Had a claim pending which would have resulted in entitlement to VA disability compensation or VA pension; **OR**
 - Was entitled to receive VA disability compensation or VA pension but decided to receive military retirement or disability pay in place of VA disability compensation check; **OR**
 - Was hospitalized by VA. For VA hospitalization, for the purpose of this burial benefit, VA hospitalization is met, if at the time of death, the veteran:
 - Was properly admitted to a VA facility; **OR**
 - Was transferred or admitted to a non-VA facility for hospital care under VA contract; **OR**
 - Was transferred or admitted to a nursing home for nursing home care at the expense of the VA contract; **OR**
 - Was traveling under proper prior authorization to or from a specified place for purpose of examination treatment or care, at VA expense; **OR**
 - Was transferred or admitted to a State nursing home at the expense of the VA, under VA contract; **OR**
 - Was a patient in a State Veteran's home

Service-Connected Burial Allowance

To support a claim for **service-connected burial allowance**, the evidence must show:

- VA received a burial claim for service-connected burial allowance; **AND**
- You are an eligible claimant authorized burial benefits; **AND**
- Proof of veteran's death including the cause of death; **AND**
- Statement certifying that the claimant incurred the burial expenses of the deceased veteran, or claimant is the executor of the estate and is applying on behalf of the veteran who incurred the expenses; **AND**
- Verification of the veteran's military service (only if the veteran was not in receipt of VA benefits at the time of death; **AND**
- If your claim is based on a service-connected disability established during the veteran's lifetime, the evidence must show:
 - The veteran had a service-connected disability(ies) that was/were either the principal or contributory cause of the veteran's death; **OR**
 - If your claim is based on a disability that was not established as service-connected during the veteran's lifetime or for which the veteran did not file a claim during his or her lifetime, the evidence must show:
 - An injury or disease that was incurred or aggravated during active military service, or an event in service that caused an injury or disease;
AND
 - A physical or mental disability that was either the principle and contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of a disability that were visible or observable; **AND**
 - A relationship between the disability associated with the cause of death and an injury, disease, or event in military service. Medical records or medical opinions are generally required to establish this relationship.

EVIDENCE TABLES (Continued)

Unclaimed Remains

In order to support a claim for **unclaimed remains**, the evidence must show:

- VA received a burial claim for veteran's unclaimed remains no later than two years after the burial or cremation of the veteran; **AND**
- You are an eligible claimant authorized burial benefits; **AND**
- Proof of veteran's death; **AND**
- Statement certifying that the claimant incurred burial expenses of the deceased veteran; **AND**
- The remains of the deceased veteran have not been claimed by relatives or friends; **AND**
- There are not sufficient resources available in the veteran's estate to cover the burial and funeral expenses.

Plot or Interment Allowances

In order to support a claim for **plot or interment allowance**, the evidence must show:

- VA received a burial claim for plot or interment allowance; **AND**
- You are an eligible claimant authorized burial benefits; **AND**
- Veterans burial or interment was not in a National cemetery, State Veterans cemetery or other State-owned cemetery.
- Proof of veteran's death; **AND**
- Statement certifying that the claimant incurred plot or interment expenses, or claimant is the executor of the estate and is applying on behalf of the veteran who incurred the expenses; **AND**
- Veterans burial or interment was not in a National cemetery, State Veterans cemetery or other cemetery as listed in 38 U.S.C. 2303(b)(1).

Transportation Benefit

To support your claim for **transportation benefit**, the evidence must show:

- VA received a burial claim for transportation benefit; **AND**
- You are an eligible claimant authorized burial benefits; **AND**
- Proof of veteran's death; **AND**
- Statement certifying that the claimant incurred transportation expenses of the deceased veteran, or claimant is the executor of the estate and is applying on behalf of the veteran who incurred the expenses; **AND**
- An itemized receipt or statement, preferably on letterhead that includes the:
 - Name of the deceased veteran; **AND**
 - Specific transportation costs incurred; **AND**
 - Date of the services rendered; **AND**
 - Name of the individual who paid the costs.

HOW VA DETERMINES THE EFFECTIVE DATE

Burial benefits are based on the date of the veteran's death and the death date we receive your claim. The veteran's death certificate is relevant evidence used in determining the effective date of any benefits we award.



APPLICATION FOR BURIAL BENEFITS (Under 38 U.S.C. Chapter 23)

IMPORTANT - Please read the Privacy Act and Respondent Burden on page 8 before completing the form. SELECT THE TYPE OF CLAIM PROGRAM/PROCESS IN SECTION VII, PAGE 7 OF THE FORM. *(Check the appropriate box) (See Instructions page 3)*

VA DATE STAMP
 (DO NOT WRITE IN THIS SPACE)

NOTE: You can *either* complete the form online or by hand. If you complete the form online, you may submit it at <https://www.va.gov/> to expedite processing. If you complete the form by hand, please print the information requested in ink, neatly, and legibly to help process the form.

SECTION I - VETERAN'S INFORMATION

1. NAME OF THE DECEASED VETERAN *(First, Middle Initial, Last)*

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2. VETERAN'S SOCIAL SECURITY NUMBER

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3. VA FILE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--

4. VETERAN'S DATE OF BIRTH *(MM/DD/YYYY)*

--	--	--	--	--	--	--	--	--	--	--	--

5. VETERAN'S DATE OF DEATH *(MM/DD/YYYY)*

--	--	--	--	--	--	--	--	--	--	--	--

6. VETERAN'S DATE OF BURIAL *(MM/DD/YYYY)*

--	--	--	--	--	--	--	--	--	--	--	--

SECTION II - CLAIMANT'S INFORMATION

7. CLAIMANT'S NAME *(First, Middle Initial, Last)*

--	--

8. CLAIMANT'S SOCIAL SECURITY NUMBER *(See instructions for exceptions.)*

--	--	--	--	--	--	--	--	--	--	--	--

9. CLAIMANT'S DATE OF BIRTH *(MM/DD/YYYY) (See instructions for exceptions.)*

--	--	--	--	--	--	--	--	--	--	--	--

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

No. & Street											
Apt./Unit Number					City						
State/Province			Country			ZIP Code/Postal Code					

11. TELEPHONE NUMBER *(Include Area Code)*

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12. E-MAIL ADDRESS

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

- | | |
|--|---|
| <input type="checkbox"/> SPOUSE OR SURVIVOR OF LEGAL UNION | <input type="checkbox"/> EXECUTOR/ADMINISTRATOR OF ESTATE OR PERSON ACTING FOR THE ESTATE |
| <input type="checkbox"/> CHILD | <input type="checkbox"/> FUNERAL HOME OR OTHER THIRD PARTY |
| <input type="checkbox"/> PARENT | <input type="checkbox"/> OTHER RELATIVE OR FRIEND OF THE DECEASED (Non-Executor) |

SECTION III - VETERAN'S SERVICE INFORMATION

The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE

14A. ENTERED SERVICE		14B. SERVICE NUMBER	14C. SEPARATED FROM SERVICE		14D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE <i>(MM/DD/YYYY)</i>	PLACE		DATE <i>(MM/DD/YYYY)</i>	PLACE	

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

SECTION IV - INFORMATION REGARDING FINAL RESTING PLACE

16. PLACE OF BURIAL PLOT, INTERMENT SITE, OR FINAL RESTING PLACE OF DECEASED VETERAN'S REMAINS

- CEMETERY/GRAVEYARD PRIVATE RESIDENCE
 MAUSOLEUM/Vault/TOMB/ENCRYPT OTHER (SPECIFY) _____

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

- YES NO (If "Yes," provide name of cemetery) _____

18. WAS THE VETERAN BURIED IN A CEMETERY OWNED BY THE STATE OR TRIBAL TRUST LAND?

- YES, State Cemetery YES, Tribal Trust Land NO (If "Yes," provide name and zip code of cemetery or Tribal Trust Land below)

Name: _____ Zip Code: _____

19A. DID A FEDERAL/STATE GOVERNMENT OR THE VETERAN'S EMPLOYER CONTRIBUTE TO THE BURIAL?

- YES NO (If "Yes," complete Item 19B)

19B. AMOUNT OF GOVERNMENT OR EMPLOYER CONTRIBUTION

\$.00

SECTION V - CLAIM FOR BURIAL ALLOWANCE

20A. SELECT TYPE OF BURIAL ALLOWANCE YOU ARE CLAIMING (May apply for more than one)

- NON-SERVICE-CONNECTED BURIAL ALLOWANCE
 SERVICE-CONNECTED BURIAL ALLOWANCE
 UNCLAIMED REMAINS OF THE VETERAN (If claimed, you must answer question 20B)

20B. WHERE DID THE VETERAN'S DEATH OCCUR? (Check One)

- NURSING HOME/FACILITY (NOT PAID BY VA) OR VETERAN'S RESIDENCE
 NURSING HOME/FACILITY (PAID BY VA)*
 VA MEDICAL CENTER*
 STATE VETERANS FACILITY*
 OTHER (Specify place of death)* _____

*Please provide veteran's specific place of death including the name and location of the nursing home, VA Medical Center or State veteran facility

21. IF YOU ARE THE DECEASED VETERAN'S SPOUSE, DID YOU PREVIOUSLY RECEIVE A VA BURIAL ALLOWANCE? YES NO

22A. ARE YOU RESPONSIBLE FOR THE VETERAN'S BURIAL EXPENSES? YES NO

22B. DO YOU CERTIFY THE REMAINS OF THE DECEASED VETERAN HAVE NOT BEEN CLAIMED BY RELATIVES OR FRIENDS AND THERE ARE NOT SUFFICIENT RESOURCES AVAILABLE IN THE VETERAN'S ESTATE TO COVER THE BURIAL AND FUNERAL EXPENSES? (Required only if claiming unclaimed remains of veteran) YES NO

SECTION VI - CLAIM FOR PLOT AND/OR TRANSPORTATION ALLOWANCE

23. ARE YOU RESPONSIBLE FOR THE VETERAN'S PLOT OR INTERMENT EXPENSES? YES NO

24. ARE YOU RESPONSIBLE FOR THE VETERAN'S TRANSPORTATION EXPENSES FROM THE PLACE OF DEATH TO THE FINAL RESTING PLACE? (You must include an itemized receipt.) YES NO

SECTION VII - CLAIM CERTIFICATION AND SIGNATURES (MUST COMPLETE)

CLAIMANT CERTIFICATION AND SIGNATURE

- I WANT my claim processed under the FDC program. I CERTIFY and authorize the release of information. I CERTIFY that the statements in this document are true and complete to the best of my knowledge. I AUTHORIZE any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me and the veteran, and I WAIVE any privilege which makes the information confidential. I CERTIFY I have received the notice attached to this application titled, *Application for Burial Benefits*, and, I CERTIFY I have enclosed all the information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility such as a VA medical center; or, I have no additional information or evidence to give VA to support my claim.
- I do not want my claim processed under the FDC program. I am indicating I want my claim processed under the standard claim process because I plan to submit further evidence in support of my claim.

25A. SIGNATURE OF CLAIMANT (REQUIRED) (Physical Signature OR E-Signature) (If signed using an "X", complete Items 27A through 28B) (If signing for a firm, corporation, or State agency, complete Items 26A through 26B)

25B. PRINTED NAME OF CLAIMANT

26A. FULL PRINTED NAME AND ADDRESS OF PERSON, FIRM, CORPORATION, OR STATE AGENCY SIGNING AS CLAIMANT (If different from Item 7)

26B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY

SECTION VIII: WITNESSES TO SIGNATURE

NOTE - If the claimant signed above using an "X", a signature must be witnessed by two persons to whom the person making the statement and the signatures and addresses of such witnesses must be shown below.

27A. SIGNATURE OF WITNESS (Physical Signature) (Only sign if the signature in Item 25A used an "X")	27B. PRINTED NAME AND ADDRESS OF WITNESS
28A. SIGNATURE OF WITNESS (Physical Signature) (Only sign if the signature in Item 25A used an "X")	28B. PRINTED NAME AND ADDRESS OF WITNESS

SECTION IX: ALTERNATE SIGNER CERTIFICATION AND SIGNATURE (REQUIRED ONLY IF ITEM 25A IS BLANK)

I CERTIFY THAT by signing on behalf of the claimant, I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

I UNDERSTAND that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

29A. ALTERNATE SIGNER SIGNATURE (REQUIRED only if 25A is blank) (Physical Signature)	29B. DATE SIGNED (MM/DD/YYYY)
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PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law and is required to obtain benefits. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your eligibility for burial benefits. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain.

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false.

DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS

The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals may include any veterans with an other than dishonorable discharge who dies after service or any servicemember who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or Markers for all individuals in a national or post cemetery are furnished automatically without a request from the family. For additional information on burial benefits go to the web site, https://www.cem.va.gov/burial_benefits/index.asp. To obtain VA Form 40-1330, Application for Standard Government Headstone or Marker go to www.va.gov/vaforms or contact your local VA regional office. The address of that office can be found at www.va.gov/directory.

VETERAN'S SOCIAL SECURITY NO. - -

SECTION II: REMARKS (Continued)

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary)

SECTION III: DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE OF VETERAN/BENEFICIARY (Required)

10. DATE SIGNED

Month Day Year
 - -

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.

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by 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 maximum 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 obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**INFORMATION AND INSTRUCTIONS TO HELP YOU COMPLETE THE AUTHORIZATION TO
DISCLOSE PERSONAL INFORMATION TO A THIRD PARTY**

GENERAL INFORMATION

At VA, we recognize and respect the importance of privacy. Personal information that we collect is kept confidential to the extent provided by law. In accordance with the Privacy Act and applicable confidentiality statutes, VA will only disclose the information in its custody or control in the following circumstances: where the individual identifies the particular information and consents to its use; where disclosure of the information is required by law; or where the disclosure is otherwise legally permitted, including release for a purpose compatible with the purpose for which it was collected.

By law, VA must have your written permission (an "authorization") to use or give out your claim or benefit information for any purpose that is not permitted by all applicable legal authorities. You may revoke your written permission at any time, except if VA has already acted based on your permission.

QUESTIONS	SPECIFIC INSTRUCTIONS
1-5	In this section, give us the veteran's identification information to include name, social security number, VA file number, date of birth and the veteran's service number, if applicable.
6-9	In this section, provide the beneficiary/claimant's identification information, who is not the veteran.
10-13	<p>In Item 10 VA will give your personal benefit or claim information to the person or organization you enter in this box. You may select only one person or one organization. If you designate an organization, you must also identify one or more individuals in that organization to whom VA may disclose your benefit or claim information. This form cannot be used to disclose federal tax information to third parties.</p> <p>IMPORTANT: The information provided in Item 6, "Name of Beneficiary/Claimant Who Is Not the Veteran," cannot be the same information provided in Item 10.</p> <p>Item 13 tells VA the duration of your consent. If you do not want your authorization to be effective indefinitely, tell us when to stop releasing your personal benefit or claim information to your authorized third party in Item 13. Check the box that applies and fill in dates, if applicable.</p>
14	Select the security question you would like us to ask your designated third party and provide the answer. This question will be asked each time your designated third party contacts the VA.

WHERE DO I SEND MY COMPLETED WORK?

Send your signed authorization in by utilizing the following methods:

MAIL TO	SUBMIT ONLINE
<p align="center">Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444</p>	<p align="center">VA gov: www.va.gov Direct Upload via access.va.gov</p>

NOTE: You should make a copy of your signed authorization for your records before mailing it to VA. You can only have one VA Form 21-0845, *Authorization to Disclose Personal Information to a Third Party*, on file with VA at a time.

WHAT IF I CHANGE MY MIND?

If you change your mind and do not want VA to give out your personal benefit or claim information, you may notify us in writing, or by telephone at 1-800-827-1000 or electronically via the Internet at <https://iris.custhelp.va.gov>. Upon notification from you VA will no longer give out benefit or claim information (except for the information VA has already given out based on your permission).



Department of Veterans Affairs

VA DATE STAMP
 (DO NOT WRITE IN THIS SPACE)

AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION TO A THIRD PARTY

INSTRUCTIONS: Use this form if you want to give the Department of Veterans Affairs (VA) permission to release your personal beneficiary or claim information to a third party. This form *may not be executed* by any beneficiary recognized as incompetent for VA purposes, nor can VA *accept* this form from any beneficiary recognized as incompetent for VA purposes.

SECTION I - VETERAN'S IDENTIFICATION INFORMATION

NOTE: You may *either* complete the form online or by hand. If completed by hand print the information requested in ink, neatly, and legibly to expedite processing the form.

1. VETERAN'S NAME *(First, Middle Initial, Last)*

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2. VETERAN'S SOCIAL SECURITY NUMBER

□□□□	-	□□	-	□□□□□□
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3. VA FILE NUMBER *(If known)*

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4. VETERAN'S DATE OF BIRTH *(MM/DD/YYYY)*

□□	-	□□	-	□□□□
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5. VETERAN'S SERVICE NUMBER *(If applicable)*

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SECTION II - BENEFICIARY/CLAIMANT'S IDENTIFICATION INFORMATION

6. NAME OF BENEFICIARY/CLAIMANT WHO IS **NOT** THE VETERAN *(First, Middle Initial, Last)*

--	--	--

7. ADDRESS OF BENEFICIARY/CLAIMANT *(Number and Street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street

--	--

Apt./Unit Number

--

 City

--

State/Province

--

 Country

--

 ZIP Code/Postal Code

□□□□	-	□□□□
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8. TELEPHONE NUMBER *(Include Area Code)*

□□□□	-	□□□□	-	□□□□□□
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Enter International Phone Number *(If applicable)*

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9. EMAIL ADDRESS *(Optional)* I agree to receive electronic correspondence from VA in regards to my claim.

--

SECTION III - CONTACT INFORMATION

10. VA IS AUTHORIZED TO DISCLOSE THE INFORMATION SPECIFIED BELOW TO ONE PERSON **OR** ONE ORGANIZATION LISTED BELOW. PROVIDE THE NAME AND ADDRESS OF THE PERSON YOU HAVE CHOSEN TO RECEIVE INFORMATION FROM VA IN ITEMS 10A AND 10B **OR** PROVIDE THE NAME AND ADDRESS OF THE ORGANIZATION YOU HAVE CHOSEN AND THE NAME OF THE ORGANIZATION'S REPRESENTATIVE IN ITEMS 10C AND 10D.

A. NAME OF PERSON *(First, Middle Initial, Last Name)*

--	--	--

B. ADDRESS OF PERSON

No. & Street

--	--

Apt./Unit Number

--

 City

--

State/Province

--

 Country

--

 ZIP Code/Postal Code

□□□□	-	□□□□
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NOTE: An organization may have more than one representative. Include the first and last name of any additional representatives.

C. NAME OF ORGANIZATION *(Include name of representative(s))*

VETERAN'S SSN - -

D. ADDRESS OF ORGANIZATION

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code -

11. I, THE BENEFICIARY/CLAIMANT AUTHORIZE VA TO CONTACT THE PERSON **OR** ORGANIZATION LISTED IN ITEM 10A OR 10C FOR THE PURPOSE OF PROVIDING THE FOLLOWING INFORMATION PERTAINING TO MY VA RECORD (Check only one box below to tell VA the specific benefit or claim information you want disclosed)

LIMITED INFORMATION (Go to Item 12) ANY INFORMATION (Go to Item 13)

12. IF YOU SELECTED "LIMITED INFORMATION", FILL ALL THAT APPLY

Status of pending claim or appeal Amount of money owed VA Other (Specify below)

Current benefit and rate Request a benefit payment letter

Payment history Change of address or direct deposit

13. IF YOU SELECTED "ANY INFORMATION", THE TERMS OF SUCH RELEASE OF INFORMATION WILL BE:

One time only From the date of signing below until - -

(Specify date - MM, DD, YYYY)

Ongoing until written notice is given to VA to terminate

14. SPECIFY THE SECURITY QUESTION YOU WANT USED WHEN VERIFYING THE IDENTITY OF YOUR DESIGNATED THIRD PARTY. CHECK ONLY **ONE** SECURITY QUESTION BOX IN ITEM 14A AND PROVIDE THE ANSWER IN ITEM 14B.

A. SECURITY QUESTION	B. ANSWER
<input type="radio"/> The city and state your mother was born in	<input type="text"/>
<input type="radio"/> The name of the high school you attended	<input type="text"/>
<input type="radio"/> Your first pet's name	<input type="text"/>
<input type="radio"/> Your favorite teacher's name	<input type="text"/>
<input type="radio"/> Your father's middle name	<input type="text"/>

SECTION IV - DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

15. VETERAN SIGNATURE (REQUIRED)	16. DATE SIGNED (MM,DD,YYYY)
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect.

RESPONDENT BURDEN: We need this information to release your private benefit and/or claim information to a designated third party(ies). The execution of this form does not authorize the release of information other than that specifically described. The information requested on this form will authorize release of the information you specify. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT NEED FOR REGULAR AID AND ATTENDANCE

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

SECTION I: VETERAN'S IDENTIFICATION INFORMATION

NOTE: You can *either* complete the form online or by hand. Please print the information requested in ink, neatly and legibly to help process the form.

1. VETERAN'S NAME (First, Middle Initial, Last) <input type="text"/>		
2. SOCIAL SECURITY NUMBER <input type="text"/>	3. VA FILE NUMBER (If applicable) <input type="text"/>	4. DATE OF BIRTH (MM-DD-YYYY) <input type="text"/>
5. VETERAN'S SERVICE NUMBER (If applicable) <input type="text"/>	6. SEX <input type="radio"/> MALE <input type="radio"/> FEMALE	7. TELEPHONE NUMBER (Include Area Code) <input type="text"/>
8. E-MAIL ADDRESS (Optional) <input type="text"/>		
9. PREFERRED MAILING ADDRESS (Number and street or rural route, P. O. Box, City, State, ZIP Code and Country) No. & Street <input type="text"/> Apt./Unit Number <input type="text"/> City <input type="text"/> State/Province <input type="text"/> Country <input type="text"/> ZIP Code/Postal Code <input type="text"/>		

SECTION II: CLAIM INFORMATION

10. CLAIMANT'S NAME (First, Middle Initial, Last) (Complete only if you are not the veteran) <input type="text"/>	
11. CLAIMANT'S SOCIAL SECURITY NUMBER <input type="text"/>	12. RELATIONSHIP OF CLAIMANT TO VETERAN <input type="radio"/> SPOUSE <input type="radio"/> SELF
13. CLAIMANT'S HOME ADDRESS No. & Street <input type="text"/> Apt./Unit Number <input type="text"/> City <input type="text"/> State/Province <input type="text"/> Country <input type="text"/> ZIP Code/Postal Code <input type="text"/>	
14. BENEFIT YOU ARE APPLYING FOR (Choose One) <input type="radio"/> Special Monthly Compensation (SMC) - Veterans and surviving spouses or parents who are eligible to receive VA compensation due to a service-related disability or death and require aid and attendance of another person to perform personal functions required in everyday living such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting oneself from the hazards of the daily environment may be eligible for Special Monthly Compensation. A Veteran or a deceased Veteran's surviving spouse may also be eligible for Special Monthly Compensation based on being housebound (substantially confined to the immediate premises because of permanent disability). For a Veteran, the disability causing the need for aid and attendance or housebound status must be related to service. These benefits are paid in addition to monthly compensation. They are not paid <u>without</u> eligibility to compensation. <input type="radio"/> Special Monthly Pension (SMP) - Veterans and survivors who are eligible for Veteran's Pension and/or Survivors benefits and require the aid and attendance of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting him/her from the hazards of his/her daily environment, or are housebound (substantially confined to his/her immediate premises because of permanent disability), may be eligible for Special Monthly Pension (SMP). This benefit is an increased monthly amount paid to a Veteran or survivor who is eligible for Veterans Pension or Survivors benefits.	

SECTION III: INFORMATION OF EXAMINATION

15. DATE OF EXAMINATION (MM-DD-YYYY) <input type="text"/>	16A. IS CLAIMANT HOSPITALIZED? <input type="radio"/> YES <input type="radio"/> NO (If "Yes," complete Items 16B, 17A & 17B)	16B. DATE ADMITTED (MM-DD-YYYY) <input type="text"/>
17A. NAME OF HOSPITAL <input type="text"/>		17B. ADDRESS OF HOSPITAL <input type="text"/>

GENERAL INFORMATION SHEET

CLAIM FOR STANDARD GOVERNMENT HEADSTONE OR MARKER

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

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

BENEFIT PROVIDED

a. BURIAL HEADSTONE OR MARKER

For Veterans who died on or after November 1, 1990 - VA will furnish a burial headstone or marker for the grave of any eligible deceased Veteran in a private or local government cemetery regardless of whether or not the grave is marked with a privately-purchased, permanent and durable headstone or marker.

For Veterans who died before November 1, 1990 - VA will furnish a burial headstone or marker for the **UNMARKED GRAVE** of any eligible deceased Veteran. The applicant must certify by checking "NO" in block 4 that a privately-purchased, permanent and durable headstone or marker or Government-furnished headstone or marker is not present on the grave.

b. MEMORIAL HEADSTONE OR MARKER - VA will furnish a memorial headstone or marker to commemorate an eligible deceased Veteran whose remains have not been recovered or identified, were buried at sea, donated to science, or cremated and the remains scattered. VA will only furnish a memorial headstone or marker after the disposition of the Veteran's remains. Once provided by VA, a memorial headstone or marker **must be placed in an established cemetery**, and will not be used as a memento. For a memorial headstone or marker, the applicant must check box in block 2 and explain the disposition of the remains.

c. PRESIDENTIAL MEMORIAL CERTIFICATE - A Presidential Memorial Certificate (PMC) is an engraved paper certificate, bearing the signature of the current president, to honor the memory of Veterans discharged under other than dishonorable conditions. VA will provide the applicant with a PMC if the Veteran is eligible for a headstone, marker, or medallion. The applicant may request additional PMCs by indicating how many in block 22 of this form. Applicants may use a VA Form 40-0247, Presidential Memorial Certificate Request Form to order additional PMCs to other addresses.

WHO IS ELIGIBLE - Any deceased Veteran who was discharged under conditions other than dishonorable or any Servicemember of the Armed Forces of the United States who dies on active duty may be eligible. **Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty.** Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; please submit a copy of the Reserve Retirement Eligibility Benefits Letter with the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible. Service prior to World War I requires detailed military and burial documentation, e.g., muster rolls, extracts from State files, military or State organization where served, pension or land warrant, etc.

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

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

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

HOW TO SUBMIT A CLAIM

Please attach a copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent) the VA Pre-Need Eligibility Determination letter, or a copy of other official document(s) establishing qualifying military service. If you are unable to locate copies of military records, apply anyway, as VA will attempt to obtain records necessary to make an eligibility determination. **Do not send original documents**; they will not be returned.

ELECTRONICALLY submit your claim and supporting documents by using Quick Submit at access.va.gov. You will be instructed to register during your first sign-on attempt. **Multiple claims can be submitted electronically via Quick Submit.**

If you prefer, you may
MAIL claims to: NCA FP Evidence Intake Center
PO Box 5237
Janesville, WI 53547

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

SIGNATURES REQUIRED - The applicant signs in block 23; the person agreeing to accept delivery (consignee) in block 27, and the cemetery or other responsible official in block 31. If there is no official on duty at the cemetery, the signature of the person responsible for the property listed in block 29 is required. VA will not accept entries of "None," "Not Applicable," or "NA". State Veterans' Cemeteries are not required to complete blocks 25 through 33.

ASSISTANCE NEEDED - Should you have questions when filling out this form, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or at: ask.va.gov. If additional assistance is needed to complete this claim, contact the nearest VA Regional Office, national cemetery, or a local veterans' organization. No fee should be paid in connection with the preparation of this claim.

TRANSPORTATION AND DELIVERY OF MARKER - VA will ship the headstone or marker without charge to the consignee designated. The truck driver is required to bring the pallet or monument to the end of the trailer. The consignee must utilize their equipment to unload the pallet or monument from the truck and inspect the headstone or marker for accuracy prior to installation. **VA will not deliver a headstone or marker to a Post Office box.** The applicant must provide the full delivery address and telephone number of the consignee. The applicant must explain in block 33 if the consignee is not a business. For delivery to a Rural Route address, the applicant must include a daytime telephone number including area code. If the applicant fails to include the required address and telephone number, VA will not deliver the marker. The Government is not responsible for costs to install or remove the headstone or marker in private cemeteries.

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

DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.

ILLUSTRATIONS OF STANDARD GOVERNMENT HEADSTONES AND MARKERS

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



This headstone is 42 inches long, 13 inches wide and 4 inches thick. Weight is approximately 230 pounds. Variations may occur in stone color, and the marble may contain light to moderate veining. Additional inscription is limited to 15 characters (including spaces) up to four lines maximum.

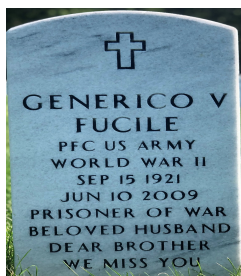


Spousal inscription information (i.e., name, date of birth, and date of death) is authorized on a Government-furnished headstone or marker if the Veteran's date of death is on or after October 1, 2019. For flat markers, the spousal information is inscribed at the bottom. For upright headstones, the spousal information is inscribed on the back.

BRONZE NICHE (Z)



This niche marker is 8-1/2 inches long, 5-1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker. Used for columbarium or mausoleum interment. Also provided to supplement a privately-purchased, permanent and durable headstone or marker for eligible Veterans who died on or after November 1, 1990 and are buried in a private cemetery. Additional inscription is limited to 27 characters (including spaces) up to two lines maximum.



VA will include a Prisoner of War (POW) or Former Prisoner of War (FPOW) inscription, upon request and with confirmation. Character and space limitations apply based on marker type.

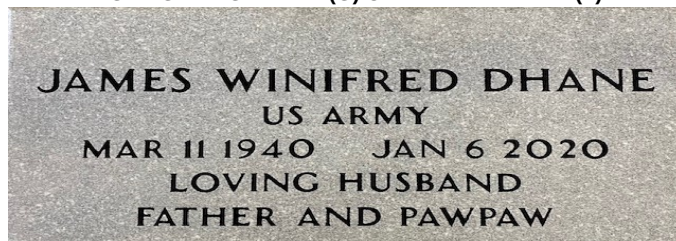
FLAT MARKERS

BRONZE (B)



This grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The base is not furnished by the Government. Additional inscription is limited to 27 characters (including spaces) up to two lines maximum.

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



This grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining. Additional inscription is limited to 27 characters (including spaces) up to two lines maximum.

SMALL FLAT GRANITE (L)



This grave marker is 18 inches long, 12 inches wide, and 3 inches thick. Weight is approximately 70 pounds. Variations may occur in stone color. Additional inscription is limited to 27 characters (including spaces) up to two lines maximum.

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

INSCRIPTION INFORMATION

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

OPTIONAL ITEMS - Information in English about the decedent (provided by an authorized applicant). Optional items are identified by bold blocks on this form. War service includes active duty service during a recognized period of war and the individual does not have to serve in the actual place of war, e.g., Korea may be inscribed if the Veteran served during the Korean War period, even though the individual never served in the country. VA will inscribe authorized country names (e.g., Afghanistan, Iraq, etc.) as the war service only if the individual served in country. The applicant must submit supporting documentation to VA to have the highest rank and/or awards inscribed on the headstone or marker.

ADDITIONAL ITEMS - Information in English or non-English text about the decedent (provided by an authorized applicant), consisting only of characters of the Latin alphabet and/or numbers. Examples of additional items include appropriate terms of endearment, nicknames (in expressions such as "OUR BELOVED POPPY"), military or civilian credentials or accomplishments such as DOCTOR, REVEREND, etc., and special unit designations such as WOMEN'S ARMY CORPS, ARMY AIR CORPS, ARMY NURSE CORPS or SEABEES. The applicant must request an additional inscription item in block 18, and each request is subject to VA approval. VA will not inscribe graphics, emblems or pictures. VA will inscribe authorized emblems of belief, the Medal of Honor, and the Southern Cross of Honor for Civil War Confederates.

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



**Department of Veterans Affairs
National Cemetery Administration
Memorial Products Service**

To: MEMORIAL PRODUCTS SERVICE (41B)

Quick Submit: access.va.gov or **Fax Number:** 1-800-455-7143

From:

Sender's Phone Number:

Sender's E-Mail Address:

Sender's Fax Number:

Total No. of Pages (including cover sheet):

This optional cover sheet is provided for your convenience.

Include all supporting documents with this application (i.e., DD Form 214 or equivalent discharge documents). If you do not have supporting documents, please submit your application anyway and VA will request documents from the National Personnel Records Center for you, if necessary. Please note, this may result in a longer processing time.

You may:

ELECTRONICALLY submit your claim and supporting documents by using Quick Submit at access.va.gov.

You will be instructed to register during your first sign-on attempt. **Multiple claims can be submitted electronically via Quick Submit.**

OR

MAIL claim to NCA FP EVIDENCE INTAKE CENTER
PO BOX 5237
JANESVILLE, WI 53547

OR

FAX VA Form 40-1330 and supporting documents to: 1-800-455-7143. This fax line is dedicated to the transmission of applications for the headstone, marker, or medallion. Applications for other Government benefits will not be accepted. **IMPORTANT:** *If faxing more than one claim - fax each claim package (claim plus supporting documents) individually (disconnect the call and redial for each submission).*



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. TYPE OF REQUEST

INITIAL REQUEST (First time)

REPLACEMENT (Specify reason in Block 33, Remarks)

2. CHECK BOX IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 33 (e.g., buried at sea, remains scattered, etc.)

REMAINS NOT BURIED

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

FIRST (Or Initial) MIDDLE (Or Initial) LAST

SUFFIX (Sr., Jr., II, III, etc.)

4. IS GRAVE CURRENTLY MARKED WITH A PRIVATELY PURCHASED, PERMANENT AND DURABLE MARKER

YES NO

5. RACE OR ETHNICITY (You may select more than one. Information will be used for statistical purposes only.)

ASIAN OR ASIAN AMERICAN AMERICAN INDIAN OR ALASKA NATIVE BLACK OR AFRICAN AMERICAN

HISPANIC OR LATINO NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER NOT HISPANIC OR LATINO

WHITE

6. SEX (Information will be used for statistical purposes only.)

MALE UNSPECIFIED OR ANOTHER GENDER IDENTITY

FEMALE

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

7. VETERAN'S SOCIAL SECURITY NO. AND/OR SERVICE NO. SSN: SVC. NO.:

8. PLACE OF BIRTH (City and State or Country)

9A. DATE OF BIRTH MONTH DAY YEAR

9B. DATE OF DEATH MONTH DAY YEAR

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

10A. DATE(S) ENTERED MONTH DAY YEAR

10B. DATE(S) SEPARATED MONTH DAY YEAR

11. HIGHEST RANK ATTAINED (Optional, but if included, no pay grades)

12. PRISONER OF WAR (Optional, but if included, documentation must be provided)

POW FORMER POW (FPOW)

13. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 11)

ARMY NAVY MARINE COAST AIR ARMY AIR MERCHANT SPACE PUBLIC OTHER
CORPS GUARD FORCE FORCES MARINE FORCE HEALTH (Specify)
SVC.

14. VALOR OR PURPLE HEART AWARD(S) (Optional, but if included, documentation must be provided)

MEDAL OF HONOR DST CROSS SVC STAR SILVER STAR DST FLYING CROSS PURPLE HEART AIR MEDAL OTHER (Specify)

15. TYPE OF HEADSTONE OR MARKER REQUESTED (Please ensure marker selection is permitted at selected cemetery.) (Check one)

FLAT BRONZE GRANITE UPRIGHT MARBLE FLAT MARBLE BRONZE NICHE UPRIGHT GRANITE SMALL FLAT GRANITE

B G U F Z V L

16. WAR SERVICE (Optional, but if included, check all applicable box(es))

WORLD WAR II PERSIAN GULF

KOREA AFGHANISTAN

VIETNAM IRAQ

OTHER (Specify)

17. EMBLEM OF BELIEF (Optional)

EMBLEM NUMBER (Specify) (See page 5 for available emblems)

NONE

18. ADDITIONAL INSCRIPTION/TERM OF ENDEARMENT (Optional) (Space will vary according to type of marker)

19a. NAME AND MAILING ADDRESS OF APPLICANT (No., Street, City, State, and ZIP Code)

19b. DAYTIME OR CELL TELEPHONE NUMBER OF APPLICANT (Include Area Code)

19c. E-MAIL ADDRESS (Optional)

19d. FAX NO. (Optional)

20. APPLICANT IS:

FAMILY MEMBER (Specify relationship) VETERANS SERVICE OFFICER PERSONAL REPRESENTATIVE (Person responsible for decisions concerning burial of decedent; include written authorization)

21. IF REMAINS ARE UNCLAIMED, APPLICANT IS:

FUNERAL HOME (that received remains) CEMETERY (where remains are buried)

22. PRESIDENTIAL MEMORIAL CERTIFICATE (bearing the signature of the current President) the number you request to be mailed to you. VA will send one certificate if no quantity is indicated and "none" is not selected.

NUMBER REQUESTED NONE

CERTIFICATION: By signing below I certify the headstone or marker will be installed in the cemetery listed in block 29 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 the Veteran 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 (MM/DD/YYYY)

CERTIFICATION: By signing below I agree to accept prepaid delivery of the headstone or marker for placement on the gravesite for which it is requested, or if placement on the grave is impossible or impractical, as close to the grave as possible within the grounds of the private or local governmental cemetery where the grave is located.

25. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State, and ZIP Code; P.O. BOX IS NOT ACCEPTABLE) MUST SIGN IN BLOCK 27

26. DAYTIME OR CELL PHONE NO. OF CONSIGNEE (Include Area Code)

27. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 25

28. DATE (MM/DD/YYYY)

CERTIFICATION: By signing below I certify the type and placement of the headstone or marker in block 15 adheres to the policies and guidelines of the selected private cemetery in block 25.

29. NAME AND ADDRESS OF CEMETERY OR FAMILY PLOT WHERE GRAVE IS LOCATED (No., Street, City, State, and ZIP Code) MUST SIGN IN BLOCK 31

30. DAYTIME PHONE NO. OF CEMETERY (Include Area Code)

31. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL

32. DATE (MM/DD/YYYY)

33. REMARKS

34. STATION NO. (State/Tribal Cemetery Only)

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

**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) WISCONSIN EVANGELICAL LUTHERAN SYNOD	(67) POLISH NATIONAL CATHOLIC CHURCH	(68) GUARDIAN ANGEL	(69) HEART	(70) SHEPHERD AND FLAG	(71) AFRICAN METHODIST EPISCOPAL
									
(72) EVANGELICAL LUTHERAN CHURCH	(73) UNIVERSALIST CROSS	(74) FAITH AND PRAYER	(75) ICHTHYS	(76) NICHIREN SHOSHU TEMPLE	(77) DOVE OF PEACE	(78) KINGIAN FAITH	Emblems 79 through 97 have not yet been assigned	(98) DRUZE	

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

GENERAL INFORMATION SHEET

CLAIM FOR GOVERNMENT MEDALLION TO AFFIX TO A PRIVATE MARKER

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

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

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

VA will furnish a medallion upon receipt of claim for affixing to an existing privately-purchased headstone or marker placed at the gravesite of an eligible deceased Veteran who is buried in a private or local Government cemetery. The medallion is made of bronze and available in three sizes: Large, Medium, Small. Each medallion is inscribed with the word VETERAN across the top and the Branch of Service at the bottom (*see Note in Block 10 of the claim for further information*).

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



Large Medallion

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



Medium Medallion

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



Small Medallion

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

WHO IS ELIGIBLE - Any deceased Veteran discharged under honorable conditions, who served in the Armed Forces on or after April 6, 1917, and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker. Any Servicemember of the Armed Forces of the United States who served on or after April 6, 1917, and died on active duty and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker. **Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty.** Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; please submit a copy of the Reserve Retirement Eligibility Benefits Letter with the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible.

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

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

PRESIDENTIAL MEMORIAL CERTIFICATE - A Presidential Memorial Certificate (PMC) is an engraved paper certificate, signed bearing the signature of the current president, to honor the memory of Veterans discharged under other than dishonorable conditions. VA will provide the applicant with a PMC if the Veteran is eligible for a headstone, marker, or medallion. The applicant may request additional PMCs by indicating how many in block 17 of this form. Applicants may use a VA Form 40-0247, Presidential Memorial Certificate Request Form to order additional PMCs to other addresses.

HOW TO SUBMIT A CLAIM - Please attach a copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent), the VA Pre-Need Eligibility Determination letter, or a copy of other official document(s) establishing qualifying military service. If you are unable to locate copies of military records, apply anyway, as VA will attempt to obtain records necessary to make an eligibility determination. **Do not send original documents;** they will not be returned.

ELECTRONICALLY submit your claim and supporting documents by using Quick Submit at access.va.gov. You will be instructed to register during your first sign-on attempt. **Multiple claims can be submitted electronically via Quick Submit.**

If you prefer, you may
MAIL claims to: NCA FP Evidence Intake Center
PO Box 5237
Janesville, WI 53547

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

VA will furnish a medallion only upon receipt of a fully completed and signed claim with required supporting documentation.

SIGNATURES REQUIRED - The claimant signs in block 18; the cemetery or other responsible official signs in block 23. If there is no official on duty at the cemetery, the signature of the person responsible for the property listed in block 22 is required. Entries of "None," "Not Applicable," or "NA" will not be accepted.

ASSISTANCE NEEDED - Should you have questions when filling out this form, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or at: ask.va.gov. If additional assistance is needed to complete this claim, contact the nearest VA Regional Office, national cemetery, or a local veterans' organization. No fee should be paid in connection with the preparation of this claim.

DELIVERY - VA will ship the medallion without charge to the name/address designated in Block 20. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Appropriate affixing adhesives, hardware and instructions will be provided with the medallion.

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

DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.



**Department of Veterans Affairs
National Cemetery Administration
Memorial Products Service**

To: MEMORIAL PRODUCTS SERVICE (41B)

Quick Submit: access.va.gov or **Fax Number:** 1-800-455-7143

From:

Sender's Phone Number:

Sender's Fax Number:

Total No. of Pages (including cover sheet):

This optional cover sheet is provided for your convenience.

Include all supporting documents with this application (i.e., DD Form 214 or equivalent discharge documents). If you do not have supporting documents, please submit your application anyway and VA will request documents from the National Personnel Records Center for you, if necessary. Please note, this may result in a longer processing time.

You may:

ELECTRONICALLY submit your claim and supporting documents by using Quick Submit at access.va.gov.

You will be instructed to register during your first sign-on attempt. **Multiple claims can be submitted electronically via Quick Submit.**

OR

MAIL claim to NCA FP EVIDENCE INTAKE CENTER
PO BOX 5237
JANESVILLE, WI 53547

OR

FAX VA Form 40-1330M and supporting documents to: 1-800-455-7143. This fax line is dedicated to the transmission of applications for the headstone, marker, or medallion. Applications for other Government benefits will not be accepted.

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



CLAIM FOR GOVERNMENT MEDALLION FOR PLACEMENT IN A PRIVATE CEMETERY

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

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

2. NAME OF DECEASED VETERAN

FIRST (Or Initial)	MIDDLE (Or Initial)	LAST	SUFFIX
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3. THERE MUST BE A SET HEADSTONE, MAUSOLEUM, OR CRYPT IN PLACE TO AFFIX THE MEDALLION. IS GRAVE CURRENTLY MARKED WITH A PRIVATELY PURCHASED PERMANENT AND DURABLE MARKER?
 YES NO

4. RACE OR ETHNICITY (You may select more than one. Information will be used for statistical purposes only.)

<input type="checkbox"/> ASIAN OR ASIAN AMERICAN	<input type="checkbox"/> NOT HISPANIC OR LATINO
<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	

5. SEX (Information will be used for statistical purposes only.)

MALE
 FEMALE
 UNSPECIFIED OR ANOTHER GENDER IDENTITY

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

6. VETERAN'S SOCIAL SECURITY NO. AND/OR SERVICE NO.						7. PLACE OF BIRTH (City and State or Country)					
SSN:			SVC. NO.:			PERIODS OF ACTIVE MILITARY DUTY					
8A. DATE OF BIRTH			8B. DATE OF DEATH			9A. DATE(S) ENTERED			9B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR

10. BRANCH OF SERVICE (BOS) (Check applicable box(es)) **NOTE:** If one BOS is selected, it will be spelled out on the medallion, i.e. U.S. ARMY, U.S. AIR FORCE, etc. If more than one BOS is selected, they will be abbreviated on the medallion, i.e. USA, USAF, USN, USMC, USCG, etc.

ARMY
 MARINE CORPS
 COAST GUARD
 MERCHANT MARINE
 NAVY
 AIR FORCE
 ARMY AIR FORCES (WWII)
 SPACE FORCE
 PUBLIC HEALTH SVC.
 NATL. OCEANIC AND ATMOSPHERIC ADMIN.
 OTHER (Specify)

11. MEDALLION SIZE REQUESTED (Check one) (Refer to general information sheet for exact sizes)

LARGE (M5)
 MEDIUM (M3)
 SMALL (M1)

12. APPLICANT IS:

FAMILY MEMBER (Specify relationship) _____
 VETERANS SERVICE OFFICER

PERSONAL REPRESENTATIVE (Person responsible for decisions concerning burial of decedent; include written authorization)
 OTHER (Specify) _____

13. IF REMAINS ARE UNCLAIMED, APPLICANT IS:

FUNERAL HOME (that received remains)
 CEMETERY (where remains are buried)

14. NAME AND MAILING ADDRESS OF APPLICANT (No., Street, City, State, and ZIP Code)	15. DAYTIME PHONE NO. OF APPLICANT	16. E-MAIL ADDRESS (Optional)
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17. PRESIDENTIAL MEMORIAL CERTIFICATE (bearing the signature of the current President) the number you request to be mailed to you. VA will send one certificate if no quantity is indicated and "none" is not selected.

NUMBER REQUESTED NONE

CERTIFICATION: By signing below I certify the medallion will be affixed to a privately purchased headstone or marker in the cemetery listed in Block 22 at no expense to the Government, and that I (or the party listed in Block 20) have agreed to accept delivery, and all information entered on this claim is true and correct to the best of my knowledge. I also certify, to the best of my knowledge, that the decedent has never committed a serious crime, such as murder or other offense that could have resulted in imprisonment for life, has never been convicted of a serious crime, and has never been convicted of a sexual offense for which the Veteran 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.

18. SIGNATURE OF APPLICANT	19. DATE (MM/DD/YYYY)
20. NAME AND DELIVERY ADDRESS FOR MEDALLION (No., Street, City, State, and ZIP Code); (If same as applicant, please enter SAME)	21. DAYTIME PHONE NO. (Include Area Code)
22. NAME AND ADDRESS OF CEMETERY WHERE PRIVATELY PURCHASED HEADSTONE, MARKER, MAUSOLEUM, OR CRYPT TO AFFIX THE MEDALLION OF THE DECEASED VETERAN IS LOCATED (No., Street, City, State, and ZIP Code)	

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

23. SIGNATURE OF CEMETERY OFFICIAL	24. DATE (MM/DD/YYYY)
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PRESIDENTIAL MEMORIAL CERTIFICATE REQUEST FORM

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average three minutes per response, including the time to review instructions, search existing data sources, gather the necessary data, and complete and review the collection of information. The obligation to respond is voluntary and not required to obtain or retain benefits. Statutory authority for the Presidential Memorial Certificate (PMC) Program is 38 U.S.C. 112. The information requested is approved under OMB Control Number 2900-0567, and is necessary to allow eligible recipients (next of kin, other relatives or friends) to request PMC.

The National Cemetery Administration does not give, sell or transfer any personal information outside of the agency. The Department of Veterans Affairs (VA) may not conduct or sponsor, and you are not required to respond to this collection of information unless it displays a valid OMB Control Number. Responding to this collection is voluntary. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (005R1B), 810 Vermont Avenue NW, Washington, DC 20420. **SEND COMMENTS ONLY.** Please do not send applications for benefits to this address.

SECTION I - INSTRUCTIONS FOR COMPLETING VA FORM 40-0247, PRESIDENTIAL MEMORIAL CERTIFICATE REQUEST FORM

Military/Discharge Documents: VA recommends that you attach photocopies of readily available supporting documents so that we can make the determination quickly. Documents may include the most recent discharge document (DD Form 214) showing active duty service records other than for training purposes, or active duty for a minimum of 24 continuous months for enlisted Servicemembers after September 7, 1980; for officers, after October 16, 1981, or the full period for which the person was called to active duty. If you are unable to locate copies of military records, apply anyway, as VA will attempt to obtain records necessary to make a determination.

Name of Veteran: DO NOT include nicknames, military rank or civilian title(s).

Name and Mailing Address of Person Requesting Certificate: Provide the full name and complete mailing address to avoid delays in delivery.

We strongly recommend you complete this form online (<http://www.cem.va.gov/pmc.asp>) and print and sign before you submit your request.

Complete a new VA Form 40-0247 for each additional address where certificates will be mailed to.

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

SECTION II - VETERAN/SERVICEMEMBER INFORMATION

1. NAME OF VETERAN (<i>First, Middle, Last</i>)		2. VETERAN SSN OR SERVICE NUMBER OR VA FILE NUMBER (<i>Required</i>)	
3. 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"/> ASIAN OR ASIAN AMERICAN	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	<input type="checkbox"/> WHITE
<input type="checkbox"/> HISPANIC OR LATINO	<input type="checkbox"/> NOT HISPANIC OR LATINO	<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
4. SEX (<i>Information will be used for statistical purposes only.</i>)			
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> UNSPECIFIED OR ANOTHER GENDER IDENTITY	
5. DATE OF BIRTH	6. DATE OF DEATH		

SECTION III - PERSON REQUESTING CERTIFICATE INFORMATION

7. NAME OF PERSON REQUESTING CERTIFICATE		8. MAILING ADDRESS OF PERSON REQUESTING CERTIFICATE	
9. HOME OR WORK TELEPHONE NUMBER (<i>Include area code</i>)			
10. REQUESTOR EMAIL ADDRESS		11. NUMBER OF CERTIFICATES REQUESTED	

SECTION IV - CERTIFICATION AND SIGNATURE

CERTIFICATION: I 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 the decedent was sentenced to a minimum of life imprisonment.

12. SIGNATURE OF PERSON REQUESTING CERTIFICATE (*Required*)

SECTION V - SUBMITTING FORM AND DOCUMENTS

ELECTRONICALLY submit your claim and supporting documents by using Quick Submit at access.va.gov . You will be instructed to register during your first sign-on attempt.	Or	MAIL your claim and supporting documents to: NCA FP Evidence Intake Center PO Box 5237 Janesville, WI 53547
	Or	FAX claim and supporting documents to: 1 (800) 455-7143

(The blocks below are for official use only)

13. CASE MANAGER NAME	14. PMC ID NUMBER	15. CASE MANAGER EMAIL
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 **Department of Veterans Affairs** **APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES**

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

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

IMPORTANT - Postmaster or other issuing official: Submit this form to address listed in block 22.

INFORMATION ABOUT THE DECEASED VETERAN (Complete as much as possible)
(Information provided is considered essential when applying for other VA benefits.)

1. FIRST, MIDDLE, LAST NAME OF VETERAN (Print or type)	2. MAIDEN NAME OR OTHER NAME(S) VETERAN USED WHILE ON ACTIVE DUTY (Print or type)
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3. VA FILE NUMBER	4. SOCIAL SECURITY NUMBER	5. MILITARY SERVICE NUMBER/SERIAL NUMBER
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6. BRANCH OF SERVICE (Check box)

ARMY NAVY AIR FORCE SPACE FORCE MARINE CORPS COAST GUARD SELECTED SERVICE

OTHER (Specify)

7. DATE ENTERED ACTIVE DUTY (or Selected Reserve)	8. DATE RELEASED FROM ACTIVE DUTY (or Selected Reserve)	9. DATE OF BIRTH	10. DATE OF DEATH
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11. DATE OF BURIAL	12. PLACE OF BURIAL (Name of cemetery, city, and State)
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13. HAS DOCUMENTATION BEEN PRESENTED OR ATTACHED THAT SHOWS THE VETERAN MEETS THE ELIGIBILITY CRITERIA? (See Paragraphs C, D, and E of the "Instructions")

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

INFORMATION ABOUT THE FLAG RECIPIENT AND APPLICANT

14A. NAME OF PERSON ENTITLED TO RECEIVE FLAG	14B. RELATIONSHIP OF DECEASED VETERAN (See Paragraph F of the "Instructions")
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14C. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG (Number and street or rural route, city or P.O., State and ZIP Code)	14D. TELEPHONE NUMBER
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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 VETERAN	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 (ONLY ONE FLAG MAY BE ISSUED FOR EACH DECEASED VETERAN)

20. SIGNATURE OF PERSON RECEIVING FLAG (Sign in INK)	21. DATE FLAG ISSUED
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When the burial flag is issued, send the completed VA Form 27-2008 to:
NCA Field Programs Evidence Intake Center
PO Box 5237
Janesville, WI 53547

INSTRUCTIONS

A. How can I contact VA if I have questions?

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

B. How do I apply for a burial flag?

Complete VA Form 27-2008, and submit it to any VA regional office or U.S. Post Office. When a burial is in a national cemetery a burial flag will be provided by a funeral home.

Note: Applicants residing overseas can apply for burial flags at U.S. embassies and consulates.

C. Who is eligible for a burial flag?

Generally, veterans with an other than dishonorable discharge.

Note: This includes veterans who served in the Philippine military forces while such forces were in the service of the U.S. armed forces under the President's Order of July 26, 1941 and died on or after April 25, 1951, and veterans who served in the Philippine military services are eligible for burial in a national cemetery.

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

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

D. Who is not eligible for a burial flag?

Veterans who received a dishonorable discharge.

- Members of the Selected Reserve whose last discharge from service was under conditions less favorable than honorable.
- Peacetime veterans who were discharged before June 27, 1950 and did not serve at least one complete enlistment or incur or aggravate a disability in the line of duty.
- Veterans who were convicted of a Federal capital crime and sentenced to death or life imprisonment, or were convicted of a State capital crime and sentenced to death or life imprisonment without parole, or were found to have committed a Federal or State capital crime but were not convicted by reason of not being available for trial due to death or flight to avoid prosecution.
- Discharged or rejected draftees, or members of the National Guard, who reported to camp in answer to the President's call for World War I service but who, when medically examined, were not finally accepted for military service.
- Persons who were discharged from World War I service prior to November 12, 1918, on their own application or solicitation by reason of being an alien, or any veterans discharged for alienage during a period of hostilities.

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

- Persons who served with any of the forces allied with the United States in any war, even though United States citizens, if they did not serve with the United States armed forces.
- Persons inducted for training and service who, before entering such training and service were transferred to the Enlisted Reserve Corps and given a furlough.
- Former temporary members of the United States Coast Guard Reserve.

E. What documentation is required in order to receive a burial flag?

Provide a copy of the veteran's discharge documents that shows service dates and the character of service, such as DD Form 214, or verification of service from the veteran's service department or VA. Various information requested, is considered essential to the proper processing of the application. Ensure these areas are completed as fully as possible.

Note: If the claimant is unable to provide documentary proof, a flag may be issued when a statement is made by a person of established character and reputation that he/she personally knows the deceased to have been a veteran who meets the eligibility criteria.

F. Who is eligible to receive a burial flag?

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

- surviving spouse
- children, according to age
- parents, including adoptive, stepparents, and foster parents
- brothers or sisters, including brothers or sisters of half blood
- uncles or aunts
- nephews or nieces
- others, such as cousins or grandparents

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

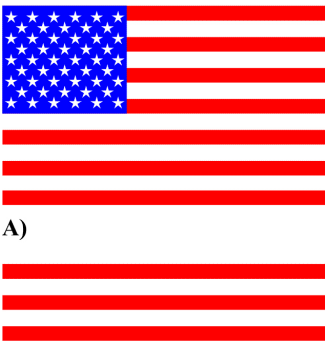
G. Can a burial flag be replaced?

VA cannot replace a burial flag if it is lost, destroyed or stolen. However, some veteran organizations or community groups may be able to help you get another 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)

(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)

(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)



(C) A triangular fold is then started by bringing the striped corner of the folded edge to the open edge.

D)



(D) The outer point is then turned inward, parallel with the open edge to form a second triangle.

E)



(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.



U.S. Department of Veterans Affairs Veterans Benefits Administration

Dependency and Indemnity Compensation

What is Dependency and Indemnity Compensation?

Dependency and Indemnity Compensation (DIC) is a monthly benefit. It is paid to eligible survivors of:

- Service members who died while on active duty, active duty for training or inactive duty training, OR
- Veterans who died as a result of a service-connected injury or disease, OR
- Veterans who did not die as a result of a service-connected injury or disease, but were totally disabled by a service-connected disability:
 - For at least 10 years before death, OR
 - Since their release from active duty and for at least five years before death, OR
 - For at least one year before death, if they were a former prisoner of war and died after Sept. 30, 1999.

Who is eligible?

Surviving Spouses

You may be eligible for DIC benefits if you are a surviving spouse who:

- Married a Service member who died on active duty, active duty for training or inactive duty training, OR
- Married the deceased Veteran before Jan. 1, 1957, OR
- Married a Veteran who died from a service-connected injury or disease, if the marriage began within 15 years of discharge, OR
- Married the deceased Veteran for at least one year, OR
- Had a child with the Veteran and cohabitated with the Veteran until their death.
 - Note: If you have a child with the Veteran but were separated, you must not be at fault for the separation and not be remarried to be eligible.

- A surviving spouse who remarries after the Veteran's death may still be eligible for benefits:
 - If you remarried on or after January 1, 2004, and were at least 57 years old, you may still be eligible
 - If you remarried on or after December 16, 2003, were at least 57 years old, and your claim was received before December 16, 2004, you may still be eligible.
 - If you remarried on or after January 5, 2021, and were at least 55 years old, you may still be eligible.

Additional information is available at www.va.gov/disability/dependency-indemnity-compensation/

Surviving Children

If you are a surviving child, you may be eligible for DIC if the Veteran parent:

- Died in the line of duty, OR
- Died as a result of a service-connected injury or disease.

You also must be unmarried and either:

- Under the age of 18, OR
- Between the ages of 18 and 23 and currently attending school.

Certain helpless adult children may also be eligible. You can call 800-827-1000 for eligibility requirements.

Parents

If you are a surviving parent, you may be eligible for DIC if the Veteran child:

- Died in the line of duty, OR
- Died as a result of a service-connected injury or disease.

You can find more information about Parents' DIC at www.va.gov/disability/dependency-indemnity-compensation/.

How Much Does VA Pay?

- View the benefits tables for surviving spouses and children at www.benefits.va.gov/Compensation/current_rates_dic.asp.
- View the benefits table for parents at www.benefits.va.gov/Pension/current_rates_Parents_DIC_pen.asp.

How Can You Apply?

Apply for DIC benefits by filling out:

- VA Form 21P-534EZ, “Application for DIC, Death Pension and Accrued Benefits.”
Access this form: www.va.gov/disability/dependency-indemnity-compensation/
- VA Form 21P-535, “Application for Dependency and Indemnity Compensation by Parent(s),” Access this form: www.va.gov/disability/dependency-indemnity-compensation/

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to [AccessVA](#) to digitally upload any correspondence using Direct Upload.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits. If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

Bring your application to a VA regional office near you. Find a VA regional office near you at [Find VA Locations | Veterans Affairs](#)

If you prefer to mail your correspondence, please use the related mailing address below:

Department of Veterans Affairs
Pension Intake Center
P.O. Box 5365
Janesville, WI 53547-5365

For more information, call 800-827-1000, or contact your local VA regional benefit office.

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U.S. Department of Veterans Affairs
Veterans Benefits Administration

Survivors Pension Benefit

What is Survivors Pension?

Survivors Pension, formerly referred to as Death Pension, is a tax-free benefit payable to a low-income, un-remarried surviving spouse or unmarried child(ren) of a deceased Veteran with wartime service.

Who is eligible?

You may be eligible if:

- The deceased Veteran was discharged under other than dishonorable conditions, AND
- The deceased Veteran served 90 days or more of active duty, with at least one day during a time of war*, AND
- Your countable income for VA purposes is below the amount listed in the Survivors Pension Rate Table, AND
- Your net worth meets the limits set for the Community Spouse Resource Allowance (CSRA) established by Congress for Medicaid, AND
- You are one of the following:
 - The unmarried surviving spouse (or you were previously married, and the marriage ended before Nov. 1, 1990).
 - The unmarried child of the deceased Veteran who is under 18, became permanently disabled before 18, or is between 18 and 23 years old and enrolled in an approved educational institution.

* If the deceased Veteran entered active duty after Sept. 7, 1980, the Veteran must have served at least 24 months of active-duty service. If the length of service is less than 24 months, the Veteran must have completed their entire tour of active duty.

To learn more about Survivors Pension, visit at www.va.gov/pension/survivors-pension/.

See the Survivors Pension Rate Table at <https://www.va.gov/pension/survivors-pension-rates/> for the current net worth limit and maximum annual pension rate.

How much does VA pay?

VA takes the following steps to determine your monthly pension payment:

1. VA determines the [Maximum Annual Pension Rate](#) (MAPR) for your situation. This amount is set by Congress.
2. Next, VA determines your countable income. This is done by subtracting exclusions provided by law from your total annual income. Only medical expenses above the 5% deductible (determined by your MAPR) are considered.
3. VA then subtracts your countable income from the MAPR. This difference is your yearly pension entitlement.
4. VA divides this amount by 12 and rounds to the nearest dollar. This is the approximate amount of your monthly pension payment.

VA deducts certain expenses you pay, such as unreimbursed medical expenses, from your annual household income. This will decrease your countable income and increase your monthly pension payment. Find a complete list of eligible expenses in the Code of Federal Regulations, at [eCFR :: 38 CFR 3.278 -- Deductible medical expenses.](#)

How can you apply for Survivors Pension?

You can apply in any of these ways:

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using Direct Upload.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits. If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

Bring your application to a VA regional office near you. Find a VA regional office near you at [Find VA Locations | Veterans Affairs](#)

If you prefer to mail your correspondence, please use the related mailing address below:

Department of Veterans Affairs
Pension Intake Center
P.O. Box 5365
Janesville, WI 53547-5365

For information on VA Pension, visit the web pages listed above or call 1-800-827-1000.

VA**U.S. Department of Veterans Affairs**
Veterans Benefits Administration

Burial- Flag

Why Does VA Provide a Burial Flag?

A United States flag is provided to drape the casket of a deceased Veteran. The flag is provided at no cost. It is intended to honor the memory of a Veteran who served honorably in the U.S. Armed Forces. VA furnishes a burial flag for the following Veterans who received other than dishonorable discharge:

- Veterans who served during wartime
- Veterans who died on active duty after May 27, 1941
- Veterans who served after January 31, 1955
- Peacetime Veterans who were discharged or released before June 27, 1950
- Veterans who died on or after April 25, 1951, and served in the Philippine military forces while in service of the U.S. Armed Forces
- Certain members or former members of the Selected Reserves

Who Is Eligible to Receive the Burial Flag?

After the funeral service, the flag is given to the next-of-kin as a keepsake. VA may provide the flag to a friend who requests it when there is no next-of-kin. For VA national cemeteries with an Avenue of Flags, you can donate the flag to be flown on patriotic holidays.

How Can You Apply?

To apply, complete VA Form 27-2008, "Application for United States Flag for Burial Purposes." You can find the form at <https://www.vba.va.gov/pubs/forms/VBA-27-2008-ARE.pdf>. VA regional benefit offices and some post offices are the primary issuing points for burial flags. You can find your closest regional benefit office by visiting <https://www.benefits.va.gov/benefits/offices.asp>.

Please note: Not all local post offices have burial flags on hand. Call and confirm with your local post office in advance.

Can a Burial Flag Be Replaced?

According to law, VA can issue only one flag for a Veteran's funeral. It cannot be replaced if lost, destroyed or stolen. However, some organizations or community groups may be able to help you get another flag.

How Should the Burial Flag Be Displayed?

This depends on whether the casket is open or closed. VA Form 27-2009 (<https://www.vba.va.gov/pubs/forms/VBA-27-2008-ARE.pdf>) provides the correct method for displaying and folding. Due to the size and fabric, which is cotton, the burial flag is unsuitable for outside display as it can easily be damaged by weather.