MODULE #9 BURIAL BENEFITS				
DATE STARTED:		LOCATION:		
SERVICE OFFICER/TRAINEE SIGNATURE:				
TRAINER SIGNATURE:				
DATE COMPLETED				
I. Please rate the effectiveness of this training module.				
Objective		**Acceptable**	**Marginal**	**Unacceptable**
Requirements for Burial & Plot Allowance. 1) S/C 2) N/C	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Eligibility for burial in National & State Cemetery.	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
Eligibility for Marker, Flag & Military Honors.	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
	Objective achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			
Objective				
	Objective achieved			
	Applied objective content through practical exercises			
	Effectiveness of teaching methods used			

MODULE # 9 CONTINUED

Objective		Acceptable	Marginal	Unacceptable
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			
Objective				
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			
Objective				
	Objective Achieved			
	Applied objective content through practical exercises			
	Effectiveness of methods used			

SUBJECTIVE EVALUATION

		Good	Fair	Poor
1. Please rate the extent to which you met your personal objective for this module				
2. Rate the information provided in the Training Manual & other reference materials				
3. Please evaluate the physical environment where the training was held.				

4. Is there anything that we could have done to make this training better for you? (Please comment)

Training Module 9

BURIAL BENEFITS

Objective: To learn what benefits are available for the funeral, transportation, and interment of a deceased veteran, and what the requirements are for eligibility to such benefits. To learn the requirements for burial in a National Cemetery.

References:

Title 38, U. S. Code, Chapters 23 and 24
38 Code of Federal Regulations§§ 1.10, 1.601-1.633, and 3.1600-3.1612
Adjudication Manual 21-1MR, Part 7, Chapters 1-6
DVA Pamphlet (*Federal Benefits for Veterans and Dependents)*

Instructions: Study the assigned reference materials to learn how to assist the survivors of a deceased veteran in applying for burial benefits, for burial in a National Cemetery, and for other honors due a veteran at time of death.

Summary:

A veteran who passes away from a service-connected disability is entitled to a burial allowance for the total cost of the funeral, burial, and transportation, or $2,000, whichever is less. An additional separate amount is payable for transportation, if the veteran is buried in a National Cemetery. The additional amount is based on the place of death of the veteran to the nearest National Cemetery. There is no time limit for filing for the burial or transportation allowances due to service-connected death.

A veteran who passes away from a nonservice-connected disability may be entitled to a burial allowance of $300 with an additional $300 plot or interment allowance. An additional separate amount is available for transportation to a National Cemetery or from the place of death to the place of burial if the veteran dies at a DVA Medical Center, hospitalized at a non-DVAMC under DVA authorization, or while traveling under DVA authorization. If in an approved state nursing home, and no other entitlement, $300 is payable. The deadline for submitting the claim is two years after the date of final permanent burial or interment.

Meeting any one of the following requirements will qualify the deceased veteran for the non-service-connected burial and plot allowances:

1. The veteran was in receipt of compensation or pension, or was entitled to either benefit but for waiver of military retired pay.

2. The veteran, at the time of his or her death, had a claim pending for compensation or pension that would have entitled him or her to payment.

3. The veteran served during a period of war and the body is unclaimed.

4. The veteran died while hospitalized at a DVA Medical Center or while receiving care at a non-DVA medical facility under contract.

5. The veteran died while traveling under DVA authorization and expense to or from a specified place for examination, treatment, or care.

6. After October 6, 1996, the veteran died while a patient at an approved state nursing home.

If the veteran was indigent or the body is unclaimed, a written certification, signed by a responsible official of the state or subdivision where the body is held, is needed stating that the veteran had no known next of kin or other person to claim the body, and that the veteran's estate does not have sufficient funds to cover the expenses of funeral and burial.
The order of precedence of claimant(s) for payment of the burial, plot, and transportation allowance is:

1. The funeral director if any portion of the funeral bill is unpaid.

2. The person or entity from whom the plot was purchased or who provided interment services (other than the funeral director) if any portion of the bill for such is unpaid.

3. The person whose personal funds were used to pay the expenses of the funeral, transportation, and burial.

4. The administrator or executor of the veteran's estate or the estate of the person who paid the expenses of the veteran's burial or provided such services.

Grave markers: The DVA furnishes upon request, at no charge to the applicant, a headstone or marker to mark the gravesite of an eligible veteran in any cemetery around the world. There is no time limit for ordering the marker.

Headstones are provided for eligible spouses and dependents of veterans when buried in a national, military, or State veterans cemetery. Dependents buried in a private cemetery are not eligible for a head stone.

Any deceased veteran discharged from the U. S. Armed Forces under conditions other than dishonorable is eligible to receive the grave marker. Military service after September 7, 1980, required a minimum of 24 months of service except for special circumstances. Individuals with 20 or more years of service in the National Guard or Reserves, entitled to retired pay subsequent to October 27, 1992, are entitled to a grave marker.

Training Module 9

Note:

a. Monument Service regulations state that the designation for ARMY AIR CORPS can only be used for the period of 8-1-1907 to 6-19-1941, ARMY AIR FORCES for the period of 5-20-1941 to 9-17-1947, and from 9-17-1947 to the present time, the branch of service will be US AIR FORCE.
b. Service in organizations such as the WOMEN'S ARMY CORPS (WAC), WOMEN'S AIR FORCES SERVICE PILOTS (WASP), WOMEN'S ARMY AUXILIARY CORPS (WAAC), etc., is considered as subordinate to the service branch with command responsibility (i.e.,: US ARMY, OR NAVY). Such service may be indicated on the grave marker if space is available by making the request on item #27 of the VA Form 40-1330.

Flags: The DVA furnishes flags to drape the caskets of veterans, certain members of the National Guard, and of the Selected Reserve (not inactive reserves). Veterans must be discharged or release from military service under conditions other than dishonorable. Section 517 of Public Law 105-261 amends 38 CFR U.S.C. 2301 to provide that DVA shall furnish a burial flag for each deceased member or former member of the Selected Reserve who is not otherwise eligible for a flag. The flag is presented to the next of kin or close friend following interment.

In order to be eligible for a burial flag the deceased must have completed at least one enlistment as a member of the Selected Reserve or, in the case of an officer, completed the period of initial obligated service as a member of the Selected Reserve; or must have been discharged form the Selected Reserve for a disability incurred or aggravated in the line of duty; or must have died while a member of the Selected Reserve. The provisions of this legislation may be applied to deceased qualifying reservists without regard to date of death.

The Presidential Memorial Certificate Program: was initiated in March 1962 by President John F. Kennedy to honor the memory of honorably discharged, deceased veterans. The DVA administers the program by preparing the certificate that bears the President's signature and expresses the country's grateful recognition of the veteran's service in the United States Armed Forces. Complete Form letter to include names and address of those wishing to receive certificates and mail to Memorial Programs. One person may be responsible for all names referenced.

Documentation: Generally speaking, the following may be considered as forms of acceptable service verification: copies of orders transferring a service member to the inactive reserve, an NGB Form 22, copies of orders indicative of sufficient and honorable service such as promotion orders, orders awarding citations such as the Good Conduct Medals or medals for length of service, or a service Commendation Medal would be included. Also included are certificates indicating completion of a leadership or advanced skill-training course. This list is not all-inclusive.

Training Module 9

Implementation of Military Funeral Honors

Section 578 of Public Law 106-65, National Defense Authorization Act for FY 2000, implements a provision for military funeral honors at funeral ceremonies of eligible veterans. This program provides DOD military funeral honors which consist of folding and presentation of the flag and the playing of "TAPS" for every eligible veteran upon request.

A detail to perform honors will consist of two or more uniformed members with at least one from the service in which the deceased veteran served. Authority is also granted in the law to reimburse the members of Veterans Service Organizations (VSO) and other authorized organizations for expenses when they participate with the military in the delivery of military funeral honors.

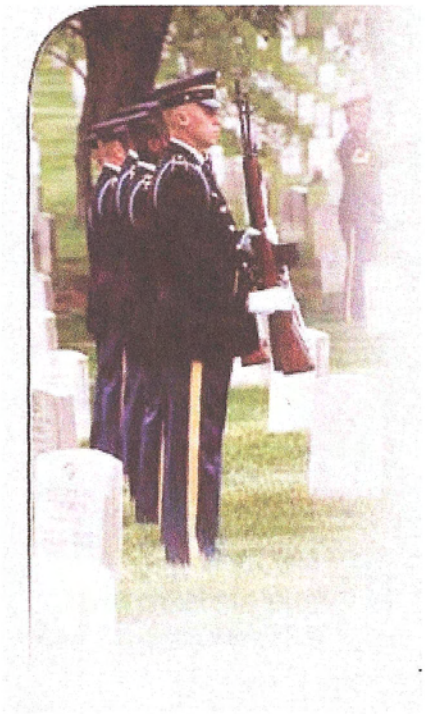
DOD in conjunction with DVA, VSO's and the funeral directors associations, developed a kit to assist funeral directors. This kit includes the following: a military service directory, a military funeral honors brochure, a list of frequently asked questions, a brochure on how to fold the flag and compact disc of "TAPS". A toll free number for funeral directors is available, as is an Internet based web site for further details. The web-site is:

www.militaryfuneralhonors.osd.mil

The National Cemetery System: is operated by the DVA. Burial in a National Cemetery includes the gravesite, the headstone, opening and closing the grave, and perpetual care. Any deceased veteran discharged from the U. S. Armed Forces under conditions other than dishonorable is eligible for burial in a National Cemetery. Military service after September 7, 1980, requires a minimum of 24 months of service except for special circumstances. Individual with 20 or more years of service in the National Guard or Reserves, entitled to retired pay are eligible for burial. Spouses, surviving spouses, dependent children, and adult, handicapped children are eligible for burial.

One gravesite is authorized for the interment of all eligible members of a family. A gravesite is not reserved before it is needed for a burial. Military honors are not provided by the DVA.

Training Module 9



A Guide to Burial at Arlington National Cemetery

Eligibility for Interment (Ground Burial)

The persons specified below are eligible for ground burial in Arlington National Cemetery. The last period of active duty of former members of the Armed Forces must have ended honorably. Interment may be casketed or cremated remains.

a. Any active duty member of the Armed Forces (except those members serving on active duty for training only).

b. Any veteran who is retired from active military service with the Armed Forces.

c. Any veteran who is retired from the Reserves is eligible upon reaching age 60 and drawing retired pay; and who served a period of active duty (other than for training).

d. Any former member of the Armed Forces separated honorably prior to October 1, 1949 for medical reasons and who was rated at 30% or greater disabled effective on the day of discharge.

e. Any former member of the Armed Forces who has been awarded one of the following decorations:

1. Medal of Honor
2. Distinguished Service Cross (Navy Cross or Air Force Cross)
3. Distinguished Service Medal

4. Silver Star
5. Purple Heart

f. The President of the United States or any former President of the United States.

g. Any former member of the Armed Forces who served on active duty (other than for training) and who held any of the following positions:

1. An elective office of the U.S. Government
2. Office of the Chief Justice of the United States or of an Associate Justice of the Supreme Court of the United States.
3. An office listed, at the time the person held the position, in 5 USC 5312 or 5313 (Levels I and II of the Executive Schedule).
4. The chief of a mission who was at any time during his/her tenure classified in Class I under the provisions of Section 411, Act of 13 August 1946, 60 Stat. 1002, as amended (22 USC 866) or as listed in State Department memorandum dated March 21, 1988.

h. Any former prisoner of war who, while a prisoner of war, served honorably in the active military, naval, or air service, whose last period of military, naval or air service terminated honorably and who died on or after November 30, 1993.

i. The spouse, widow or widower, minor child, or permanently dependent child, and certain unmarried adult children of any of the above eligible veterans.

j. The widow or widower of:

1. a member of the Armed Forces who was lost or buried at sea or officially determined to be missing in action.
2. a member of the Armed Forces who is interred in a US military cemetery overseas that is maintained by the American Battle Monuments Commission.
3. a member of the Armed Forces who is interred in Arlington National Cemetery as part of a group burial.

k. The surviving spouse, minor child, or permanently dependent child of any person already buried in Arlington National Cemetery.

l. The parents of a minor child, or permanently dependent child whose remains, based on the eligibility of a parent, are already buried in ANC. A spouse divorced from the primary eligible, or widowed and remarried, is not eligible for interment.

m. Provided certain conditions are met, a former member of the Armed Forces may be buried in the same grave with a close relative who is already buried and is the primary eligible.

Web Address: www.arlingtoncemetery.org/funeral_information/guide.interment.html

Training Module 9

National Cemeteries Located in North Carolina

New Bern National Cemetery
1711 National Avenue Closed
New Bern, NC 28560
(252) 637-2912

Raleigh National Cemetery
501 Rock Quarry Road Closed
Raleigh, NC 27610

(For information, please
contact the Salisbury
National Cemetery)

Salisbury National Cemetery
202 Government Road Open
Salisbury, NC 28144
(336) 636-2661

Wilmington National Cemetery
2011 Market Street Closed
Wilmington, NC 28403

(For information, please
contact the New Bern
National Cemetery)

Arlington National Cemetery
Arlington, VA 22211
(703) 697-2131

Training Module 9

Review Questions: Burial Benefits

Using the assigned references and reading materials, answer the following questions:

1. What is the deadline for applying for the $600 non-service-connected burial and plot allowance? 9-1

   a. 90 Days From Interment
   b. Two Years From Interment
   c. No Time Limit
   d. One year from date of death

2. What is the requirement for a veteran to receive the non-service connected burial and plot allowance? 9-1,9-2

   a. The veteran would have been entitled to compensation, but died before the claim was submitted
   b. The veteran died while traveling under DVA authorization or expense to or from a specified place for examination, treatment, or care.
   c. The veteran was medically discharged due to a service connected injury
   d. The veteran died within one year of being discharged from the service

3. If the veteran was indigent or the body is unclaimed, what must be done for the veteran to receive non-service connected burial assistance? 9-2

   a. A copy of the veterans discharge must be sent to the cemetery officials in order for the burial and plot allowance to be paid.
   b. No burial assistance can be awarded if the indigent veteran was not receiving compensation or pension.
   c. The funeral director must send a statement to the cemetery officials requesting reimbursement
   d. a written certification, signed by a responsible official of the state or subdivision where the body is held, is needed stating that the veteran had no known next of kin or other person to claim the body, and that the veteran's estate does not have sufficient funds to cover the expenses of funeral and burial.

4. National Guardsmen and Reservists are entitled to receive grave markers if they have _____ or more years of credible service. 9-2,9-3

   a. Five years
   b. Ten years
   c. Twenty years
   d. Fifteen years if they retire early

Training Module 9

5. Burial in a National Cemetery includes 9-4

   a. The gravesite, the headstone, opening and closing the grave.
   b. The gravesite, the headstone, opening and closing the grave, chaplain and graveside service
   c. The gravesite, the headstone, opening and closing the grave, and perpetual care.
   d. The gravesite, the headstone, opening, closing the grave, transportation of the family and body to the gravesite

6. How many gravesites can be provided to a veteran for burial of eligible family members in a National Cemetery? 9-4

   a. One
   b. Two
   c. None
   d. Three

7. Which National Cemetery in North Carolina is not considered closed for interment? 9-7

   a. New Bern
   b. Raleigh
   c. Salisbury
   d. Wilmington

8. A veteran can reserve his grave site. 9-4

   a. One year in advance
   b. Six months in advance
   c. Cannot be reserved
   d. Immediately upon notification by the doctor of a terminal illness

9. What is the deadline for applying for the $2000 service-connected burial and transportation allowance? 9-1

   a. 90 Days From Interment
   b. Two Years From Interment
   c. No Time Limit
   d. One year from date of death

Training Module 9

FORMS

Burial Allowances
VA-Form 21-530 - Application for Burial Benefits
Death Certificate
Funeral Receipt
Medical Evidence to Support
Service-Connected Death
Transportation Bill/Invoice

Grave Markers
Form 40-1330 - Application for Standard Government Headstone or Marker
Death Certificate
DD-214
Birth Certificate (If Discrepancy Noticed)
Mailing Address: Memorial Program Service (401A1)
Department of Veterans Affairs
5109 Russell Road
Quantico, VA 22134-3905

U. S. Flags
VA Form 2008 - Application for United States Flag for Burial Purposes
Death Certificate
DD-214 (For Each Enlistment)

Obtain From: DVA Regional Offices
Post Offices

Presidential Certificate
Form Letter
Death Certificate
DD-214 (For Each Enlistment)

Mailing Addresses:
Presidential Memorial Certificates (41A1C)
Department of Veterans Affairs
5109 Russell Road
Quantico, VA 22134-3903

Telephone: (202) 565-4964
Fax: (202) 565-8054
Funeral Homes: (202) 565-4259 or (202) 501-2004
E-Mail: pmc@mail.va.gov

OMB APPROVED NO. 2900-0013
RESPONDENT BURDEN: 15 MINUTES

Department of Veterans Affairs

APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES

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

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

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

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

1. FIRST, MIDDLE, LAST NAME OF VETERAN *(Print or type)*	2. OTHER NAMES USED BY VETERAN *(Print or type)*
John Allen Doe	None

3. VA FILE NUMBER	4. SOCIAL SECURITY NUMBER	5. MILITARY SERVICE NUMBER/SERIAL NUMBER
XC 23 985 947	111-22-3333	US 11 222 333

6. BRANCH OF SERVICE *(Check box)*

[X] ARMY [ ] NAVY [ ] AIR FORCE [ ] MARINE CORPS [ ] COAST GUARD [ ] SELECTED RESERVE [ ] 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
01/01/1967	12/31/1969	07/04/48	04/15/2009

11. DATE OF BURIAL	12. PLACE OF BURIAL *(Name of cemetery, city, and State)*
04/18/2009	Salisbury National Cemetery, NC

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

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

INFORMATION ABOUT THE FLAG RECIPIENT AND APPLICANT

14A. NAME OF PERSON ENTITLED TO RECEIVE FLAG	14B. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG *(Number and street or rural route, city or P.O., State and ZIP Code)*
Ann Doe	110 Veteran Avenue Raleigh, NC 27999

14C. RELATIONSHIP TO VETERAN (See Paragraph F of the "Instructions")

Surviving Spouse

15. REMARKS

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

16. SIGNATURE OF APPLICANT *(Sign in INK)*	17. ADDRESS OF APPLICANT *(Number and street or rural route, city or P.O., and ZIP Code)*	18. RELATIONSHIP TO DECEASED	19. DATE SIGNED
Ann Doe	110 Veteran Avenue Raleigh, NC 27999	Ann Doe	4/20/09

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

ACKNOWLEDGMENT OF RECEIPT OF FLAG

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

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

VA FORM 21-2008, SEP 2005 SUPERSEDES VA FORM 21- 2008, MAY 2003, WHICH WILL NOT WILL BE USED.

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

NOTIFICATION OF ISSUANCE OF FLAG

DATE FLAG ISSUED	SIGNATURE OF POSTMASTER OR OTHER ISSUING OFFICIAL	ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT
FOR VA USE ➤	DATE OF REPLACEMENT	

VA FORM SEP 2005 **21-2008** SUPERSEDES VA FORM 21- 2008, MAY 2003, WHICH WILL NOT WILL BE USED.

SEE REVERSE

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

Department of Veterans Affairs

IMPORTANT: Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. *Blocks outlined in bold are optional inscription items. Unless indicated otherwise* all other blocks **must** be completed. **MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION IS REQUIRED.**

1. TYPE OF REQUEST
- [X] INITIAL *(First time)* REQUEST
- [ ] SECOND REQUEST
- [ ] CORRECTED APPLICATION OR REPLACEMENT

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

FIRST *(Or Initial)*	MIDDLE *(Or Initial)*	LAST	SUFFIX
John	Allen	Doe	

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

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

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

SSN: 111-22-3333 OR SVC. NO.: US 11 222 333

5A. DATE OF BIRTH			5B. DATE OF DEATH		
MONTH	DAY	YEAR	MONTH	DAY	YEAR
07	04	48	04	15	09

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

6A. DATE(S) ENTERED			6B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR
01	01	67	12	31	69

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

8. BRANCH OF SERVICE *(Check applicable box(es) - must be consistent with rank in Box 7)*
- [X] ARMY
- [ ] NAVY
- [ ] MARINE CORPS
- [ ] COAST GUARD
- [ ] AIR FORCE
- [ ] ARMY AIR FORCES
- [ ] MERCHANT MARINE
- [ ] OTHER *(Specify)*

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

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

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

12. DESIRED EMBLEM OF BELIEF
- [ ] NONE
- EMBLEM NUMBER *(Specify)(See reverse side of this form for authorized emblems)*: [X] Christian Cross

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

Ann Doe
110 Veteran Avenue
Raleigh, NC 27999

13B. DAYTIME PHONE NO. OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION: (919) 777-0000

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

15. FAX NO. *(Optional)*:

16. ARE YOU:
- [X] NEXT OF KIN
- [ ] VETERANS SERVICE OFFICER
- [ ] FUNERAL DIRECTOR
- [ ] CEMETERY OFFICIAL
- [ ] OTHER *(Specify)*

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

17. SIGNATURE OF PERSON WHOSE NAME APPEARS IN BLOCK 13A: Ann Doe

18. DATE *(MM/DD/YYYY)*: 04/20/2009

19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY *(No., Street, City, State and ZIP Code)*; ***P.O. BOX IS NOT ACCEPTABLE***

Salisbury National Cemetery
202 Government Road
Salisbury, NC 28144

20. DAYTIME PHONE NO. *(Include Area Code)*: (336) 636-2661

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

Salisbury National Cemetery
202 Government Road
Salisbury, NC 28144

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

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

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

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

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

25. DAYTIME PHONE NO. *(Include Area Code)*: (336) 636-2661

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

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

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

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

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

Form Approved, OMB No. 2900-0567
Respondent Burden: 2 Minutes

Department of Veterans Affairs

PRESIDENTIAL MEMORIAL CERTIFICATE REQUEST FORM

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average two minutes per response. 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 additional certificates and/or replacement or correct certificates on receipt of the original PMC.

The National Cemetery Administration does not give, sell or transfer any personal information outside of the agency. 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 (005G2), 810 Vermont Avenue NW, Washington, DC 20420. **SEND COMMENTS ONLY.** *Please do not send applications for benefits to this address.*

INSTRUCTIONS: When inserting the veterans name below, **DO NOT** include nickname, military rank, or civilian title. Complete a new VA Form 40-0247 for each additional name and/or mailing address.

NAME OF VETERAN John Allen Doe	NAME AND MAILING ADDRESS OF PERSON REQUESTING CERTIFICATE Ann Doe 110 Veteran Avenue Raleigh, NC 27999
NUMBER OF CERTIFICATES REQUESTED 5	
HOME OR WORK TELEPHONE NUMBER *(Include area code and do not insert spaces between numbers)* 9197770000	SIGNATURE OF REQUESTOR Ann Doe

RETURN COMPLETED FORM ALONG WITH A COPY OF THE DISCHARGE DOCUMENTS TO:

Presidential Memorial Certificates (41A1C)
National Cemetery Administration
5109 Russell Road
Quantico, VA 22134-3903

Or

Fax To: 1 (800) 455-7143

VA FORM JUN 2007 (R) **40-0247**

Adobe LiveCycle Designer 7.1

OMB Approved No. 2900-0003
Respondent Burden: 20 minutes

Department of Veterans Affairs

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

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

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY. Type or print all information.

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN: John Allen Doe

2. SOCIAL SECURITY NUMBER OF VETERAN: 111-22-3333

3. VA FILE NUMBER: XC 23 985 947

4. FIRST, MIDDLE, LAST NAME OF CLAIMANT: Ann Doe

5. TELEPHONE NUMBER(S) (Include Area Code)
A. DAYTIME: (919) 777-0000
B. EVENING: (919) 777-8888

6. MAILING ADDRESS OF CLAIMANT *(Number and street or rural route, city or P.O., State and ZIP Code)*
110 Veteran Avenue
Raleigh, NC 27999

PART I - INFORMATION REGARDING VETERAN

7A. DATE OF BIRTH: July 4, 1948

7B. PLACE OF BIRTH: Raleigh, NC

8A. DATE OF DEATH: 04/15/2009

8B. PLACE OF DEATH: Raleigh, NC

8C. DATE OF BURIAL: 04/18/2009

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

9A. ENTERED SERVICE		9B. SERVICE NUMBER	9C. SEPARATED FROM SERVICE		9D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	
01/01/1967	Raleigh, NC	US 11 222 333	12/31/1969	Ft. Bragg, NC	Sgt E-4, Army

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

11. ARE YOU CLAIMING THAT THE CAUSE OF DEATH WAS DUE TO SERVICE?
[X] YES [ ] NO

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

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

12. PLACE OF BURIAL OR LOCATION OF CREMAINS: Salisbury National Cemetery

13. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
[X] YES [ ] NO *(IF "No," complete Items 15 and 16)*

14. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
[X] YES [ ] NO *(If "No," complete Items 15 and 16)*

15. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. COST IS: *(CHECK ONE)*
[ ] PAID BY ANOTHER PERSON(S)
[X] PAID BY CLAIMANT FOR BURIAL
[ ] DUE FUNERAL DIRECTOR
[ ] NONE
[ ] DUE CEMETERY OWNER

16. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? *(Name and Address)*

17. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION, AND IF CLAIMED, BURIAL PLOT: $ 10,800.00

18. AMOUNT PAID: $ 10,800.00

19. WHOSE FUNDS WERE USED? Claimant

20A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
[ ] YES [X] NO *(If "Yes," complete Items 20B and 20C)*

20B. AMOUNT OF REIMBURSEMENT: $

20C. SOURCE OF REIMBURSEMENT:

21A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE, OR FEDERAL AGENCY?
[X] YES [ ] NO *(If "Yes," complete Items 21B and 21C)*

21B. AMOUNT: $ 255.00

21C. SOURCE(S): Social Security Administration

22. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
[ ] YES [X] NO *(Before answering, read and comply with Instruction 8)*

EXISTING STOCK OF VA FORM 21-530, SEP 1995, WILL BE USED.

PART III - CLAIM FOR PLOT COST ALLOWANCE

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

23. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?	24. PLACE OF BURIAL OR LOCATION OF CREMAINS	
25A. COST OF BURIAL PLOT *(Individual Grave Site, Mausoleum Vault, or Columbarium Niche)* $	25B. DATE OF PURCHASE	25C. DATE OF PAYMENT

26A. HAVE BILLS BEEN PAID IN FULL? ☐ YES ☐ NO *(If "No," complete Items 26B and 27)*	26B. AMOUNT PAID $	27. WHOSE FUNDS WERE USED?
28A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? ☐ YES ☐ NO *(If "Yes," complete Items 28B and 28C)*	28B. AMOUNT OF REIMBURSEMENT $	28C. SOURCE OF REIMBURSEMENT
29A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? ☐ YES ☐ NO *(If "Yes," complete Items 29B and 29C)*	29B. AMOUNT $	29C. SOURCE

PART IV - CERTIFICATION AND SIGNATURE

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

30A. SIGNATURE OF CLAIMANT *(If signed by mark, complete Items 36A thru 37B)* *(If signing for firm, corporation, or State agency, complete Items 30B thru 31)* Ann Doe	30B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY

31. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

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

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

32A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES *(If signed by mark, complete Items 36A thru 37B)* Ann Doe	32B. NAME OF PERSON AUTHORIZING SERVICES *(Type or Print)* Ann Doe

33. ADDRESS *(Number and street or rural route, city or P.O., State and ZIP Code)*
110 Veteran Avenue
Raleigh, NC 27999

34. DATE 4/20/2009	35. RELATIONSHIP TO VETERAN Surviving Spouse

WITNESS TO SIGNATURE IF MADE BY "X" MARK

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

36A. SIGNATURE OF WITNESS	36B. ADDRESS OF WITNESS
37A. SIGNATURE OF WITNESS	37B. ADDRESS OF WITNESS

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

DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS

The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals in a national or post cemetery are furnished automatically without request from the family.

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