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

| APPLICATION FOR BURIAL BENEFITS (Under 38 U.S.C. Chapter 23) IMPORTANT - Read instruction curretully before completing form. YOUR COMPLIANCE WITH ALL. INSTRUCTIONS WILL AVOID DELAY Type or print all information. INSTRUCTIONS WILL AVOID DELAY Type or print all information. INSTRUCTIONS WILL AVOID DELAY Type or print all information. INSTRUCTIONS WILL AVOID DELAY Type or print all information. INSTRUCTIONS WILL AVOID DELAY Type or print all information. INSTRUCTIONS WILL AVOID DELAY Type or print all information. INSTRUCTIONS WILL AVOID DELAY Type or print all information. INSTRUCTIONS WILL AVOID DELAY Type or print all information. INSTRUCTIONS WILL AVOID DELAY TYPE or print all information. INSTRUCTIONS WILL AVOID DELAY TYPE OR PART I - INFORMATION REGARDING VETERAN A DATE OF BIRTH TICLUS OF BIRTH TICLUS OF BIRTH TICLUS OF DEATH DELAY OF DELAY TICLUS OF DEATH DELAY OF ALLOW OF DEATH DELAY OF BURIAL DELAY OF DELAY OR PART I - INFORMATION REGARDING VETERAN ADDITION OF BURIAL DELAY OR DELAY OR SERVICE SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE) SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE) SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE) SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE) SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE) SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE) SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE) SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE) SERVICE INFORMATION (The following information should be furnished for the periods of th | YA Depart | tment of Veterans | Affairs | | | | | | T WRITE IN THIS SPACE) (VA DATE STAMP) |
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| NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse. 12. PLACE OF BURIAL OR LOCATION OF CREMAINS 13. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERRENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? 15. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. 16. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address) 17. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION, AND IF CLAIMED, BURIAL PLOT 18. AMOUNT PAID 19. WHOSE FUNDS WERE USED? 208. AMOUNT OF REIMBURSEMENT 208. AMOUNT OF REIMBURSEMENT 208. AMOUNT OF REIMBURSEMENT 216. SOURCE OF REIMBURSEMENT 217. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE 218. AMOUNT 219. SOURCE(S) | | | | | | . himmer control and other | | | AIRIARIW |
| 12. PLACE OF BURIAL OR LOCATION OF CREMAINS 13. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR LAKESIDE CHMETERY), OR SECTION THEREOF, USED SOLELY FOR PERSONS 14. WAS BURIAL IN A NATIONAL CEMETERY OR SECTION THEREOF, USED SOLELY FOR PERSONS 15. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. 16. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. 16. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address) 17. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION, AND IF CLAIMED, BURIAL PLOT 18. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR CREMETERY), OR OR CREMETERY OWNED BY THE FEDERAL SECTION THEREOF, USED SOLELY FOR PERSONS 19. WAS BURIAL IN A NATIONAL CEMETERY OR OR CREMETERY OR SECTION THEREOF, USED SOLELY FOR PERSONS 19. WAS BURIAL IN A NATIONAL CEMETERY OR PLOT OR CREMETERY, OR OR CREMETERY OWNED BY THE FEDERAL SECTION THEREOF, USED SECTION THEREOF, USED SOLELY FOR PERSONS 16. WAS BURIAL IN A NATIONAL CEMETERY OR OR CREMETERY, OR SECTION THEREOF, USED SECTION TO THEREOF. 19. WAS SUBLIAL IN A NATIONAL CHEMETERY OR SUBLIN | NOTE - If clain | ,.,.,, | | | | | ANCE IF I | PAID BY GI | AIMANT |
| 16. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. COST IS: (CHECK ONE) PAID BY ANOTHER PERSON(S) DUE FUNERAL DIRECTOR DUE CEMETERY OWNER 17. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION, AND IF CLAIMED, BURIAL, PLOT 9744.00 20A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? 18. AMOUNT PAID 19. WHOSE FUNDS WERE USED? Claimants 20B. AMOUNT OF REIMBURSEMENT 20C. SOURCE OF REIMBURSEMENT 21C. SOURCE(S) 21C. SOURCE(S) | 12. PLACE OF B | URIAL OR LOCATION OF C | | 3. WAS BUF INTERME SECTION | RIAL (WITHOUT NT) IN A STATE THEREOF, US | CHARGE FOR PLOT OR COWNED CEMETERY, OF ED SOLELY FOR PERSO | NS | OR CEN | METERY OWNED BY THE FEDERAL |
| COST IS: (CHECK ONE) PAID BY ANOTHER PERSON(S) DUE FUNERAL DIRECTOR DUE CEMETERY OWNER 17. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION, AND IF CLAIMED, BURIAL PLOT 9744.00 19. WHOSE FUNDS WERE USED? Claimants 20A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? 19744.00 19. WHOSE FUNDS WERE USED? Claimants 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? | | | . [| ⊒⁄ES □ | NO (IF "N | | | | NO (if "No," complete |
| DUE FUNERAL DIRECTOR DUE CEMETERY OWNER 17. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION, AND IF CLAIMED, BURIAL PLOT 9744.00 \$ 9744.00 \$ 9744.00 Claimants 208. AMOUNT OF REIMBURSEMENT 206. SOURCE OF REIMBURSEMENT 216. AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE, OR FEDERAL, AGENCY? 216. AMOUNT 217. TOTAL EXPENSES OF BURIAL, FUNERAL, TRANSPORTATION, 18. AMOUNT PAID 19. WHOSE FUNDS WERE USED? 208. AMOUNT OF REIMBURSEMENT 207. SOURCE OF REIMBURSEMENT 218. AMOUNT 219. SOURCE OF REIMBURSEMENT 210. SOURCE(S) | | | OLUMBARIUN | NICHE, E | rc. | | | | ND, WHO WILL FILE CLAIM FOR |
| DUE CEMETERY OWNER 17. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION, AND IF CLAIMED, BURIAL PLOT 18. AMOUNT PAID 19. WHOSE FUNDS WERE USED? 19. WHOSE FUNDS WERE USED? Claimants 208. AMOUNT OF REIMBURSEMENT 206. SOURCE OF REIMBURSEMENT 207. SOURCE OF REIMBURSEMENT 218. AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE, OR FEDERAL. AGENCY? 218. AMOUNT 219. WHOSE FUNDS WERE USED? 208. AMOUNT OF REIMBURSEMENT 210. SOURCE (S) | | - | 7 | LAIMANT FO | OR BURIAL | | | | |
| 9744.00 Claimants 20A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? 20B. AMOUNT OF REIMBURSEMENT 20C. SOURCE OF REIMBURSEMENT 20C. SOURCE 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? 21B. AMOUNT 21C. SOURCE(S) |] | | NONE | | | | | | |
| 20A, HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? 20B, AMOUNT OF REIMBURSEMENT 20C, SOURCE OF REIMBURSEMENT 20C, SOURCE OF REIMBURSEMENT 20C, SOURCE OF REIMBURSEMENT 20C, SOURCE OF REIMBURSEMENT 21C, SOURCE(S) 21C, SOURCE(S) | 17. TOTAL EXPE AND IF CLAIN | NSE OF BURIAL, FUNERAL IED, BURIAL PLOT | , TRANSPOR | TATION, | 18. AMOUNT P | AID | 19. WHO | SE FUNDS W | VERE USED? |
| 20A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? 20B. AMOUNT OF REIMBURSEMENT 20C. SOURCE OF REIMBURSEMENT 20C. SOURCE OF REIMBURSEMENT 20C. SOURCE OF REIMBURSEMENT 20C. SOURCE OF REIMBURSEMENT 21C. SOURCE OF REIMBURSEMENT | 9744.00 | | | | 9744.0 | Claimants | | | |
| 21A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE, OR FEDERAL, AGENCY? 177 177 178 178 178 179 170 170 170 170 170 170 170 | 20A. HAS PERS | ON WHOSE FUNDS WERE | USED BEEN | | 14 | OF REIMBURSEMENT | 20C. SOL | JRCE OF RE | IMBURSEMENT |
| ALLOWED ON EXPENSES BY LOCAL, STATE, OR FEDERAL AGENCY? | | | | | \$ | | 100.50 | IDOE/O | |
| | ALLOWED (AGENCY? | ON EXPENSES BY LOCAL, | | | ZIB. AMOUNT | | 210, 300 | UNCE(0) | |
| LYES LY NO (If "Yes." complete thems 21B and 21C) 22. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE? | YES V 1 22. WAS THE VI | O (If "Yes." complete Item ETERAN A MEMBER OF A E | ns 21B and 21 BURIAL ASSO | C) CIATION O | S R COVERED BY | BURIAL INSURANCE? | | , | |

| DADT III. OLARE POR DI OT GOOT ALL OWALLOT | | | | | | | | | | |
|--|-------------------------------|---------------------------|---|-----------------------------|------------------------------|--|--|--|--|--|
| PART III - CLAIM FOR PLOT COST ALLOWANCE | | | | | | | | | | |
| IMPORTANT - Complete only if burial was NOT in a national cometery or cometery owned by the Federal Government, | | | | | | | | | | |
| 23. WAS BURIAL (WITHOUT CHARGE FOR PLOT O A STATE OWNED CEMETERY, OR SECTION TH PERSONS ELIGIBLE FOR BURIAL IN A NATION | HEREOF, US | .N1) IN SED SOLELY FOR | 24. PLACE OF BURIAL OR LOCATION OF CREMAINS | | | | | | | |
| PERSONS ELIGIBLE FOR BURIAL IN A NATION | AL CEMETE | :RY? | LAskeside Cemetery | | | | | | | |
| | | | | | | | | | | |
| No | , | | | | | | | | | |
| 25A. COST OF BURIAL PLOT (Individual Grave Site, Columbarium Niche) | Mausoleum | Vault, or | 25B. DATE OF PUR | RCHASE | 25C. DATE OF PAYMENT | | | | | |
| Columbation Priories | | | | 1 | | | | | | |
| \$ | | | | | | | | | | |
| 26A, HAVE BILLS BEEN PAID IN FULL? | | 268. AMOUNT PAID | | 27. WHOSE FUNDS WE | RE USED? | | | | | |
| *** | | | | | | | | | | |
| YES NO (If "No,"complete Items 26B | and 27) | s | | | | | | | | |
| 28A. HAS PERSON WHOSE FUNDS WERE USED B | | 28B, AMOUNT OF RE | IMBURSEMENT 28C. SOURCE OF REIMBURSEMENT | | | | | | | |
| REIMBURSED? | | | | | | | | | | |
| YES NO (If "Yes, "complete Items 28B a | and 28C1 | \$ | | | | | | | | |
| 29A. HAS ANY AMOUNT BEEN, OR WILL ANY AMO | UNT | 29B. AMOUNT | | 29C. SOURCE | | | | | | |
| BE ALLOWED ON EXPENSES BY STATE OR F AGENCY? | EDERAL | | | | | | | | | |
| | 20C1 | s | | | | | | | | |
| YES NO (If "Yes,"complete Items 298 a | | RT IV - CERTIFICAT | ON AND SIGNAT | 1.105 | | | | | | |
| | | | | | | | | | | |
| I CERTIFY THAT the foregoing statements | made in co | onnection with this a | pplication on acco | ount of the named vete | eran are true and correct to | | | | | |
| the best of my knowledge and belief. 30A. SIGNATURE OF CLAIMANT (If signed by mark, | | 264 fau: 07D) | Tane OFFICIAL C | OCITION OF BERCON C | IONING ON BEHALE OF FIRM | | | | | |
| (If signing for firm, corporation, or State agency, | compiete ite complete itei | ms 30B thru 31) | CORPORAT | TON OR STATE AGENCY | IGNING ON BEHALF OF FIRM, | | | | | |
| | r | • | | | | | | | | |
| | | | | | | | | | | |
| 31, FULL NAME AND ADDRESS OF THE FIRM, COP | RPORATION | , OR STATE AGENCY | FILING AS CLAIMAI | NT | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| NOTE - Where the claimant is a firm or other unpai | d creditor. It | tems 32A thru 35 MUS | T be completed by | the individual who autho | rized services. | | | | | |
| I CERTIFY THAT the foregoing statements made b | | | ************************ | | | | | | | |
| 32A, SIGNATURE OF PERSON WHO AUTHORIZED | SERVICES | (If signed by mark, | | | SERVICES (Type or Print) | | | | | |
| complete Items 36A thru 37B) | | | | | | | | | | |
| | | | | | | | | | | |
| 33. ADDRESS (Number and street or rural route, city | or P.O., Stat | e and ZIP Code) | | | | | | | | |
| | | • | | | | | | | | |
| | | | | | | | | | | |
| 34. DATE 35. F | RELATIONSE | HIP TO VETERAN | | | | | | | | |
| 06/09/2010 | Friend | | | | | | | | | |
| | | | | | | | | | | |
| | | ESS TO SIGNATURE | | | | | | | | |
| NOTE - Signature made by mark must be witnesse | | rsons to whom the per- | son making the state | ement is personally know | n, and the signatures and | | | | | |
| addresses of such witnesses must be shown below. | | | | | | | | | | |
| 36A.SIGNATURE OF WITNESS | | | 36B. ADDRESS | OF WITNESS | | | | | | |
| | V | | | | | | | | | |
| | | | | | | | | | | |
| 37A. SIGNATURE OF WITNESS | | | 37B.ADDRESS OF WITNESS | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| PENALTY - The law provides severe penaltics 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. | non merado | into or unprisonments | or boar, for the trin | iai daeitheadair or airy da | or or action of a | | | | | |
| | | | | | | | | | | |
| 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 cometery, 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. | | | | | | | | | | |