



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 BELOW (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 (<i>Or Initial</i>)	MIDDLE (<i>Or Initial</i>)	LAST	SUFFIX (<i>Sr., Jr., II, III, etc.</i>)	4. IS GRAVE CURRENTLY MARKED WITH A PRIVATELY PURCHASED, PERMANENT AND DURABLE MARKER
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YES NO

5. 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"/> AMERICAN INDIAN OR ALASKA NATIVE	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN
<input type="checkbox"/> HISPANIC OR LATINO	<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	<input type="checkbox"/> NOT HISPANIC OR LATINO
<input type="checkbox"/> WHITE		

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

FEMALE MALE

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 (999-99-9999):	8. PLACE OF BIRTH (<i>City and State or Country</i>)	9A. DATE OF BIRTH			9B. DATE OF DEATH		
		MONTH	DAY	YEAR	MONTH	DAY	YEAR

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

10A. DATE(S) ENTERED 10B. DATE(S) SEPARATED

MONTH	DAY	YEAR	MONTH	DAY	YEAR
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11. HIGHEST RANK ATTAINED (*Optional, but if included, no pay grade*)

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*)

<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD
<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> ARMY AIR FORCES	<input type="checkbox"/> MERCHANT MARINE	
<input type="checkbox"/> SPACE FORCE	<input type="checkbox"/> PUBLIC HEALTH SVC.		
<input type="checkbox"/> OTHER (<i>Specify</i>): _____			

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

<input type="checkbox"/> MEDAL OF HONOR	<input type="checkbox"/> DST SVC CROSS	<input type="checkbox"/> SILVER STAR
<input type="checkbox"/> DST FLYING CROSS	<input type="checkbox"/> PURPLE HEART	<input type="checkbox"/> AIR MEDAL
<input type="checkbox"/> OTHER (<i>Specify</i>): _____		

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

<input type="checkbox"/> (B) FLAT BRONZE	<input type="checkbox"/> (G) FLAT GRANITE	<input type="checkbox"/> (U) UPRIGHT MARBLE
<input type="checkbox"/> (F) FLAT MARBLE	<input type="checkbox"/> (Z) BRONZE NICHE	<input type="checkbox"/> (V) UPRIGHT GRANITE
<input type="checkbox"/> (L) SMALL FLAT GRANITE		

16. PERIODS OF WAR (*Optional, but if included, check all applicable box(es)*)

<input type="checkbox"/> WORLD WAR II	<input type="checkbox"/> PERSIAN GULF
<input type="checkbox"/> KOREA	<input type="checkbox"/> AFGHANISTAN
<input type="checkbox"/> VIETNAM	<input type="checkbox"/> IRAQ
<input type="checkbox"/> OTHER (<i>Specify</i>): _____	

17. EMBLEM OF BELIEF (*Optional*)

<input type="checkbox"/> EMBLEM NUMBER (<i>Specify</i>) (See page 5 for available emblems)
<input type="checkbox"/> 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

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

NAME OF DECEASED VETERAN		DECEASED VETERAN'S SSN OR SERVICE NUMBER SSN (999-99-9999): <input type="text"/> SVC. NO (99999999): <input type="text"/>	
<p>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 or a period of 99 years or more.</p> <p>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.</p>			
23. SIGNATURE OF APPLICANT		24. DATE (MM/DD/YYYY)	
<p>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.</p>			
25. NAME AND DELIVERY ADDRESS OF BUSINESS <i>(CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State, and ZIP Code; P.O. BOX IS NOT ACCEPTABLE) MUST SIGN IN BLOCK 27</i>	26. DAYTIME OR CELL PHONE NO. OF CONSIGNEE <i>(Include Area Code)</i>	27. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS <i>(CONSIGNEE) NAMED IN BLOCK 25</i>	28. DATE (MM/DD/YYYY)
29. NAME AND ADDRESS OF CEMETERY OR FAMILY PLOT WHERE GRAVE IS LOCATED <i>(No., Street, City, State, and ZIP Code) MUST SIGN IN BLOCK 31</i>	30. DAYTIME PHONE NO. OF CEMETERY <i>(Include Area Code)</i>	31. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL	32. DATE (MM/DD/YYYY)
33. REMARKS		34. STATION NO. <i>(State/Tribal Cemetery Only)</i>	
		35. SECTION/GRAVE NO. <i>(State/Tribal Cemetery Only)</i>	

**AVAILABLE EMBLEMS OF BELIEF FOR PLACEMENT ON GOVERNMENT
HEADSTONES AND MARKERS (See block 17)**



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 <https://www.cem.va.gov/hmm/types.asp>.