



## FUNERAL ARRANGEMENTS

**The Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 5 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing the burden, may be addressed by calling the Health Benefits Contact Center at 1-877-222-8387.

**PRIVACY ACT INFORMATION:** The information requested on this form is solicited under authority of Chapter 23 and 24, Title 38, United States Code, "Veterans' Benefits", and will be used to initiate, authorize and document funeral arrangements. This information may be disclosed when consistent with a "routine use" of this system of records 24VA136, "patient Medical Record-VA" as set forth in the Compilation of Privacy Act Issuances. Disclosure is voluntary. However, failure to furnish the information may result in a delay in burial. Failure to furnish this information will have no adverse effect on any other benefit to which you or the deceased may be entitled.

NAME OF DECEASED (Last, First, Middle Initial) (This is a mandatory field.)		CLAIM NUMBER	SOCIAL SECURITY NUMBER (mandatory)
PLACE OF DEATH		DATE OF DEATH (mm/dd/yyyy)	MILITARY SERVICE VERIFIED YES NO

NAME AND ADDRESS OF FUNERAL DIRECTOR TO WHOM REMAINS ARE TO BE RELEASED

**PART I - COMPLETE WHEN GOVERNMENT TRANSPORTATION IS REQUESTED**

METHOD OF SHIPMENT HEARSE/VAN AIR FREIGHT/AIR CARGO U.S. POSTAL SERVICE (CREMATED REMAINS)	FROM	TO	COST \$
NAME, ADDRESS AND RELATIONSHIP OF ESCORT		NAME AND ADDRESS OF CONSIGNEE	

**PART II - COMPLETE WHEN BURIAL IS DESIRED IN NATIONAL CEMETERY**

DATE BURIAL DESIRED (mm/dd/yyyy)	WILL ATTEND GRAVE-SIDE SERVICES	NUMBER IN FUNERAL PARTY	MILITARY HONORS DESIRED YES NO	MILITARY CHAPLAIN DESIRED YES NO	GRAVESIDE DESIRED BY SPOUSE NONE SAME
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REMARKS

The following burial information was explained to me:

- It is my privilege to select a funeral director of my own choice.
- An amount not to exceed \$2000.00 is payable as a burial allowance in lieu of the basic \$300.00 and plot allowance if the veteran's death was from a service-connected disability.
- The burial and plot allowance may not be paid to the extent that they were paid by the deceased's employer or by a State agency or political subdivision of a State.

I have read and understand the foregoing statements. Arrangements made for disposition of the remains of the deceased are consistent with my wishes.

SIGNATURE OF NEAREST RELATIVE (or Acting Authority) AND RELATIONSHIP	ADDRESS	
SIGNATURE OF EMPLOYEE (Witness)	TITLE	DATE (mm/dd/yyyy)