

## INSTRUCTIONS FOR COMPLETING APPLICATION FOR BURIAL BENEFITS (UNDER 38 U.S.C., CHAPTER 23)

### IMPORTANT - READ THESE INSTRUCTIONS CAREFULLY

**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 Vocational Rehabilitation 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 a burial benefits. 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. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://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.

### 1. GENERAL

a. **BURIAL ALLOWANCE** - A one-time, benefit payment payable towards 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.

b. **PLOT OR INTERMENT ALLOWANCE** - A one-time, benefit payment payable towards:

- (1) Expenses incurred for the plot or interment if burial was not in a national cemetery or other cemetery under the jurisdiction of the United States; OR
- (2) Expenses payable to a State (or political subdivision) if the veteran died from non service-connected causes and was buried in a State-owned cemetery or section used solely for the remains of persons eligible 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 or scattering of cremated remains.

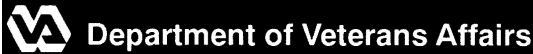
c. **TRANSPORTATION EXPENSES** - The cost of transporting the body to the place of burial may be paid in addition to the burial allowance when:

- (1) The veteran died of a service-connected disability or had a compensable service-connected disability and burial is in a national cemetery; OR
- (2) The veteran died while in a hospital, domiciliary or nursing home to which he/she had been properly admitted under authority of VA; OR
- (3) The veteran died en route while traveling under prior authorization of VA for the purpose of examination, treatment or care.

2. **WHO SHOULD FILE A CLAIM** - VA may grant a claim that any eligible person files. Upon death of the veteran, VA will pay the first person to file a claim in the priority order listed:

- (1) The veteran's surviving spouse; OR
- (2) The first of the veteran's children to file a claim; OR
- (3) The first of the veteran's parents to file a claim; OR
- (4) The executor or administrator of the estate of the deceased veteran; OR
- (5) A person acting for the estate of the deceased veteran under the laws of the veteran's last state of residence; OR
- (6) The person or entity that provided burial services for a veteran whose remains are unclaimed.

3. TIME LIMIT FOR FILING A CLAIM - A claim for non service-connected burial allowance must be filed with VA within 2 years from 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 from the date of correction. There is no time limit for the service-connected burial benefit, plot or interment benefit or reimbursement of transportation expenses.
4. COMPLETING CLAIM BY A FIRM OR STATE AGENCY - The claim must be executed in the full name of the firm or State agency, and show the official position or connection of the individual who signs on its behalf.
5. 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 proof has previously been furnished VA, it need not be submitted again.
6. STATEMENT OF ACCOUNT MUST ACCOMPANY TRANSPORTATION CLAIMS - If transported by common carrier, a receipt must accompany the claim. All receipts for transportation charges should show the name of the veteran, the name of the person who paid and the amount of the charges. The itemized statement of account should show the charges made for transportation. Failure to itemize charges may result in delay or payment of a lesser amount.
7. SERVICE RECORD - The original or certified copy of the veteran's service separation document (DD214 or equivalent) which contains information as to the length, time, and character of service will permit prompt processing.
8. TOLL-FREE TELEPHONE ASSISTANCE - You can call us toll-free within the U.S. by dialing 1-800-827-1000. If you are located in the local dialing area of a VA regional office, you can also call us by checking your local telephone directory. For the hearing impaired, our TDD number is 1-800-829-4833.
9. WHERE DO I MAIL MY COMPLETED APPLICATION? - You should mail your application to the VA regional office located in your state. You can obtain the mailing address for VA regional offices by accessing the VA Internet web site at [www.va.gov/directory](http://www.va.gov/directory). The address is also located in the government pages of your telephone book under "United States Government, Veterans."



(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	
2. SOCIAL SECURITY NUMBER OF VETERAN	3. VA FILE NUMBER
4. FIRST, MIDDLE, LAST NAME OF CLAIMANT	
5. TELEPHONE NUMBER(S) <i>(Include Area Code)</i>	
6. E-MAIL ADDRESS OF CLAIMANT	
A. DAYTIME	B. EVENING
7. MAILING ADDRESS OF CLAIMANT <i>(Number and street or rural route, city or P.O., State and ZIP Code)</i>	

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

<input type="checkbox"/> SPOUSE	<input type="checkbox"/> EXECUTOR/ADMINISTRATOR OF ESTATE
<input type="checkbox"/> CHILD	<input type="checkbox"/> OTHER <i>(Specify)</i>
<input type="checkbox"/> PARENT	

### PART I - INFORMATION REGARDING VETERAN

9A. DATE OF BIRTH	9B. PLACE OF BIRTH	
10A. DATE OF DEATH	10B. PLACE OF DEATH	10C. DATE OF BURIAL
10D. WHERE DID THE VETERAN'S DEATH OCCUR? <i>(Check one)</i>		
<input type="checkbox"/> VA MEDICAL CENTER	<input type="checkbox"/> NURSING HOME UNDER VA CONTRACT	
<input type="checkbox"/> STATE VETERANS HOME	<input type="checkbox"/> OTHER <i>(Specify)</i>	

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

11A. ENTERED SERVICE		11B. SERVICE NUMBER	11C. SEPARATED FROM SERVICE		11D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	

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

### PART II - CLAIM FOR BURIAL ALLOWANCE

13. BENEFITS REQUESTED <i>(Check one)</i> <input type="checkbox"/> NON-SERVICE-CONNECTED DEATH <input type="checkbox"/> SERVICE-CONNECTED DEATH	14. IF DECEASED VETERAN'S SPOUSE, DID YOU PREVIOUSLY RECEIVE A VA BURIAL ALLOWANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
15A. DID YOU INCUR EXPENSES FOR THE VETERAN'S BURIAL OR INTERMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
15B. ARE YOU SEEKING BURIAL BENEFITS FOR A VETERAN'S NON-SERVICE CONNECTED DEATH OCCURRING AT A VA MEDICAL CENTER, NURSING HOME UNDER VA CONTRACT, OR OTHER VA FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," provide actual burial cost)</i> \$	

**PART III - CLAIM FOR PLOT OR INTERMENT ALLOWANCE**

16. PLACE OF BURIAL OR LOCATION OF DECEASED VETERAN'S REMAINS <i>(Specify)</i>	17. WAS VETERAN BURIED IN A NATIONAL CEMETERY OR ONE OWNED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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18A. DID A FEDERAL/STATE GOVERNMENT OR THE VETERAN'S EMPLOYER CONTRIBUTE TO THE BURIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 18B)</i>	18B. AMOUNT OF GOVERNMENT OR EMPLOYER CONTRIBUTION \$
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**PART IV - CLAIM FOR TRANSPORTATION REIMBURSEMENT**

19. EXPENSES INCURRED FOR THE TRANSPORTATION OF THE VETERAN'S REMAINS FROM THE PLACE OF DEATH TO THE FINAL RESTING PLACE <i>(Attach itemized receipts)</i> \$
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**PART V - 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.

20A. SIGNATURE OF CLAIMANT <i>(If signed using an "X", complete Items 24A thru 25B) (If signing for firm, corporation, or State agency, complete Items 20B thru 21)</i>	20B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY
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21. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT
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NOTE - Where the claimant is a firm, corporation or State agency, Items 22A thru 25 **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.

22A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES	22B. DATE
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22C. NAME AND TITLE OF PERSON AUTHORIZING SERVICES <i>(Type or Print)</i>
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23. ADDRESS <i>(Number and street or rural route, city or P.O., State and ZIP Code)</i>
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**WITNESS TO SIGNATURE IF MADE BY "X"**

NOTE - If claimant signed above using an "X", signature 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.

24A. SIGNATURE OF WITNESS	24B. ADDRESS OF WITNESS
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25A. SIGNATURE OF WITNESS	25B. ADDRESS OF WITNESS
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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 request from the family.

For additional information on burial benefits go to the web site, [www.cem.va.gov/bbene\\_burial.asp](http://www.cem.va.gov/bbene_burial.asp). To obtain VA Form 40-1330, Application for Standard Government Headstone or Marker go to [www.va.gov/vaforms](http://www.va.gov/vaforms) or contact your local VA regional office. The address of that office can be found at to [www.va.gov/directory](http://www.va.gov/directory).