



REQUEST FOR REIMBURSEMENT OF CASKET/URN

(For a deceased Veteran with no next-of-kin and insufficient resources available for VA National Cemetery burial)

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 15 minutes per response. Statutory authority for burial in a VA national cemetery is 38 U.S.C. 2402 with consideration of statutory bars to burial under 38 U.S.C. 2411. Statutory authority for casket or urn reimbursement is 38 U.S.C. 2306, effective January 10, 2014, **for deaths occurring on or after January 10, 2014**. The information requested is approved under OMB Control Number 2900-0799, and is necessary to allow a person authorized to arrange for burial for the decedent to request burial in a VA national cemetery. 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.

PRIVACY ACT INFORMATION: VA is asking you to provide the information on this form under 38 U.S.C. Sections 2402 and 2306 in order for VA to determine burial eligibility of the deceased Veteran and to obtain information sufficient to provide reimbursement for the purchase of a casket or an urn, if that Veteran has no next-of-kin and insufficient resources for burial. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the applicable Privacy Act system of records notice (48VA40B, Veterans (Deceased) Headstone or Marker Records - VA, as published in the Federal Register on August 26, 1975, (40 FR 38095)). Providing the requested information is voluntary, but if any or all of the requested information is not provided, it may delay or result in denial of your request for reimbursement. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

PART I - INSTRUCTIONS FOR REQUESTING BURIAL

APPLICABILITY: VA must first establish eligibility for burial for a deceased Veteran in a VA national cemetery prior to adjudicating a request for casket/urn reimbursement. VA determinations about a Veteran's burial eligibility are distinct from determinations about entitlement to a claimed reimbursement. The eligibility criteria for reimbursement for casket and urns are stated in 38 U.S.C. §2306, effective January 10, 2014, and applies to **deaths occurring on or after January 10, 2014**. The claimant establishing burial eligibility may be a different entity from the claimant requesting reimbursement.

INSTRUCTIONS FOR PART I TO ESTABLISH BURIAL ELIGIBILITY: Type or print clearly all information. This part serves as a means for applicants to certify information that is necessary to determine the decedent's eligibility for burial in a VA national cemetery. Applicants must: (1) complete and sign this part then fax, email or mail the signed part (first page) and any military service discharge documents to the National Cemetery Scheduling Office (NCSO) at **1-866-900-6417** or NCA.Scheduling@va.gov, or PO Box 510543, St. Louis, MO, 63151, **and** (2) follow-up with a phone call to NCSO at **1-800-535-1117** to obtain eligibility decision for burial. The eligibility criteria for burial in a VA national cemetery are stated in 38 U.S.C. §2402, *Persons eligible for interment in national cemeteries*. More information about VA burial eligibility is available at the VA website online at: <http://www.cem.va.gov/cem/bbene/eligible.asp>, and in the latest edition of the VA booklet: *Federal Benefits for Veterans, Dependents and Survivors*.

PLEASE NOTE: VA determinations about a Veteran's burial eligibility are distinct from determinations about entitlement to a claimed reimbursement. Once burial eligibility for the unclaimed Veteran has been established, to apply for reimbursement for a casket or urn, you must complete and submit Part II of this form.

1. NAME OF DECEASED VETERAN	2. SOCIAL SECURITY NUMBER	3. SERVICE NUMBER	4. DATE OF DEATH
5. DID THE DECEDENT DIE IN A VA FACILITY? <input type="checkbox"/> YES (If YES, provide C-file number) _____ <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW			
6. HAS THE DECEDENT BEEN OR WILL THE DECEDENT BE CREMATED? <input type="checkbox"/> YES (If YES, attach certificate of cremation) <input type="checkbox"/> NO			
7. NAME OF FUNERAL HOME REPRESENTATIVE (If applicable)		9. ADDRESS	
8. TELEPHONE NUMBER			
<p>By signing below I certify the following: I 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 he or she was sentenced to a minimum of life imprisonment. Definition for purposes of this section:</p> <ul style="list-style-type: none"> · The term "Federal capital crime" means an offense under Federal law for which a sentence of imprisonment for life or the death penalty may be imposed. · The term "State capital crime" means, under State law, the willful, deliberate, or premeditated unlawful killing of another human being for which a sentence of imprisonment for life or the death penalty may be imposed. (Reference 38 U.S.C. 2411) · The prohibition may apply if a person is found to have committed a Federal or State capital crime but was not convicted of such crime by reason of such person not being available for trial due to death or flight to avoid prosecution. 			
10. SIGNATURE OF PERSON AUTHORIZED TO CERTIFY			11. DATE

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.

PART II - INSTRUCTIONS FOR REQUESTING CASKET/URN REIMBURSEMENT

INSTRUCTIONS FOR PART II TO SUBMIT REQUEST FOR REIMBURSEMENT: Type or print clearly all information required. This part serves as a means for applicants to certify information that is necessary to claim reimbursement for a casket or urn purchased for unclaimed deceased Veterans with insufficient resources for burial. To apply for reimbursement, applicants must provide the invoice for the purchased casket or urn and the completed and signed FSC Vendor File Request Form (VA Form 10091, found at <http://vaww.va.gov/vaforms/va/pdf/VA10091.pdf>) or previously assigned Vendor ID. Part II information must be provided to the National Cemetery Scheduling Office (NCSO) at the time of the burial application at **1-866-900-6417** or NCA.Scheduling@va.gov, or PO Box 510543, St. Louis, MO, 63151 with the burial request in Part I, OR must be provided to the national cemetery prior to the interment.

PLEASE NOTE: VA will not process the reimbursement unless the applicant has completed all requirements in Parts I and II of this form and submitted all required documentation prior to the date of interment.

1. NAME OF DECEASED VETERAN	2. SOCIAL SECURITY NUMBER	3. SERVICE NUMBER	4. DATE OF DEATH
5. NAME OF FUNERAL HOME REPRESENTATIVE <i>(If applicable)</i>		7. ADDRESS	
6. TELEPHONE NUMBER			
8. NAME OF PURCHASER OF CASKET/URN		9. ADDRESS OF PURCHASER	
10. PLEASE EXPLAIN IN DETAIL THE STEPS TAKEN TO DETERMINE THAT THE DECEASED VETERAN HAS NO NEXT OF KIN (NOK) AND NO SUFFICIENT RESOURCES AVAILABLE FOR BURIAL.			
11. PLEASE INCLUDE THE FOLLOWING ATTACHMENTS. <i>(Please ensure decedent's name and/or DECEDENT ID appears on each attachment.)</i>			
<input type="checkbox"/> INVOICE/BILL OF SALE SHOWING MODEL NUMBER AND COST OF CASKET OR URN <input type="checkbox"/> FSC VENDOR FILE REQUEST FORM (VA FORM 10091) <i>If previously enrolled provide Vendor ID:</i> _____			

By signing below I certify the following:

I. The casket or urn purchased for burial meets industry standards for public health and safety. *(The casket supports the weight of the body, is not leaking, and has handles for lowering casketed remains into a gravesite; or the cremation urn is sealed and non-leaking.)*

II. I certify, to the best of my knowledge, that I am requesting reimbursement of the purchase price of a casket or urn for the remains of a deceased Veteran who is eligible for burial and who has no known next of kin and insufficient resources to purchase a burial receptacle.

12. SIGNATURE OF PERSON AUTHORIZED TO CERTIFY	13. DATE
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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, or for the fraudulent acceptance of any benefit to which you are not entitled.

FOR COMPLETION BY VA NATIONAL CEMETERY OFFICIAL

1. BEFORE REIMBURSEMENT FOR THE CASKET OR URN CAN BE PROCESSED, ALL OF THE FOLLOWING STANDARDS OF QUALITY FOR BURIAL RECEPTABLE AND DECEASED VETERAN'S IDENTITY MUST BE VERIFIED:				
<input type="checkbox"/> ACCEPT CONTAINER <i>(all items below are verified)</i>		<input type="checkbox"/> REJECT CONTAINER <i>(if any item below is not verified)</i>		
<input type="checkbox"/> CASKET		<input type="checkbox"/> URN <i>(Select one)</i>		
<input type="checkbox"/> EXTERIOR DIMENSIONS ARE GENERALLY 82 X 28 INCHES		<input type="checkbox"/> DURABLE PLASTIC	<input type="checkbox"/> METAL	
<input type="checkbox"/> CONSTRUCTED OF METAL		<input type="checkbox"/> WOOD	<input type="checkbox"/> CERAMIC	
<input type="checkbox"/> CONTAINS A GASKETED SEAL, AND IS NOT LEAKING		<input type="checkbox"/> SEALED, NOT LEAKING		
<input type="checkbox"/> HAS FIXED RAILS OR SWING ARM HANDLES		<input type="checkbox"/> CERTIFICATE OF CREMATION FOR THE DECEDENT		
<input type="checkbox"/> HOLDS THE WEIGHT OF THE DECEDENT'S REMAINS				
<input type="checkbox"/> RECOMMEND APPROVAL OF REIMBURSEMENT <input type="checkbox"/> RECOMMEND DENIAL OF REIMBURSEMENT <i>(Please Explain)</i> _____				
2. SIGNATURE OF VA NATIONAL CEMETERY ADMINISTRATION OFFICIAL	3. DATE	4. ACKNOWLEDGMENT (SIGNATURE) OF FUNERAL HOME/RESPONSIBLE ENTITY	5. DATE	