



## APPLICATION FOR PRE-NEED DETERMINATION OF ELIGIBILITY FOR BURIAL IN A VA NATIONAL CEMETERY

**NOTE: Please read information on reverse before completing this form. If additional space is required, attach a separate sheet of paper.**

**Submit Application and Supporting Documentation to VA by:**  
**Email:** to the National Cemetery Scheduling Office at: [eligibility.preeed@va.gov](mailto:eligibility.preeed@va.gov); or  
**Mail:** to National Cemetery Scheduling Office, P.O. Box 510543, St. Louis, MO 63151; or  
**Fax:** to the National Cemetery Scheduling Office at (855) 840-8299

**IMPORTANT: Pre-Need means before death. Only complete this form if you are applying for a Pre-Need determination of eligibility for burial in a VA national cemetery. Time of Need means time of death. DO NOT complete this form if the individual is already deceased; instead, contact a local funeral home or the National Cemetery Scheduling Office at 1-800-535-1117 to expedite processing.**

**\*REQUIRED ITEMS: YOU MUST COMPLETE THOSE ITEMS IDENTIFIED WITH AN ASTERISK (\*)**

### SECTION I - VETERAN/SERVICEMEMBER

*(Claims for eligibility for burial are based upon the Veterans/Servicemember's military service)*

*1. VETERAN/SERVICEMEMBER NAME <i>(Include Suffix) (Last, First, Middle Name or Initial)</i>		*2. NAME USED DURING MILITARY SERVICE <i>(Include Suffix)</i> <i>(If different than Item 1) (Last, First, Middle Name)</i>		3. MAILING ADDRESS <i>(Street, City, State, and Zip Code, P.O. Box, Rural Route, etc.)</i>	
*4. SOCIAL SECURITY NUMBER	5. MILITARY SERVICE NUMBER <i>(If different from SSN)</i>		6. VA CLAIM NUMBER <i>(If known)</i>		*7. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
8. DATE OF BIRTH <i>(MM/DD/YYYY)</i>		9. PLACE OF BIRTH <i>(City, State or Territory)</i>		*10. IS VETERAN/SERVICEMEMBER DECEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
*11. DATE OF DEATH <i>(If applicable) (MM/DD/YYYY)</i>		*12. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
*13. MILITARY STATUS USED TO APPLY FOR ELIGIBILITY DETERMINATION <i>(Check all that apply)</i> <input type="checkbox"/> A. VETERAN <input type="checkbox"/> B. RETIRED ACTIVE DUTY <input type="checkbox"/> C. DIED ON ACTIVE DUTY <input type="checkbox"/> D. RETIRED RESERVE <input type="checkbox"/> E. RETIRED NATIONAL GUARD <input type="checkbox"/> F. DEATH RELATED TO INACTIVE DUTY TRAINING <input type="checkbox"/> G. OTHER <i>(See instructions)</i>					

### MILITARY SERVICE DATA

*14. BRANCH OF SERVICE	15. DATE OF ENTRY	16. DATE OF DISCHARGE	17. DISCHARGE - CHARACTER OF SERVICE <i>(See instructions)</i>	18. HIGHEST RANK ATTAINED <i>(No pay grades)</i>	19. STATE <i>(Abbrev.) (National Guard Service Only)</i>
20. IS THERE ANYONE CURRENTLY BURIED IN A VA NATIONAL CEMETERY UNDER THIS VETERAN'S/SERVICEMEMBER'S ELIGIBILITY? <input type="checkbox"/> YES <i>(Complete Item 21)</i> <input type="checkbox"/> NO <i>(Skip Item 21)</i> <input type="checkbox"/> DON'T KNOW <i>(Skip Item 21)</i>			21. NAME OF DECEDENT(S) AND VA NATIONAL CEMETERY WHERE BURIED		

**22. SUPPORTING DOCUMENTS ATTACHED**  YES  NO *(See instructions for information on recommended documentation.)*

### SECTION II - CLAIMANT INFORMATION

*(Information about the individual for whom determination for eligibility for burial in a VA National Cemetery is requested)*

*23. CLAIMANT <i>(See instructions) (**Each Claimant requires a separate VA Form 40-10007)</i>  <div style="display: flex; justify-content: space-between;"> <span>(Name) Last</span> <span>First</span> <span>Middle</span> </div>		*24. CLAIMANT'S MAILING ADDRESS <i>(Street, City, State, and Zip Code, P.O. Box, Rural Route, etc.) (If different from item 3)</i>	
<b>WHO IS (check one):</b> <input type="checkbox"/> A. THE VETERAN/SERVICEMEMBER NAMED IN ITEM 1 <input type="checkbox"/> B. THE SPOUSE/SURVIVING SPOUSE OF THE VETERAN/SERVICEMEMBER IN ITEM 1 <input type="checkbox"/> C. AN UNMARRIED ADULT CHILD OF THE VETERAN/SERVICEMEMBER IN ITEM 1 <input type="checkbox"/> D. OTHER <i>(Please specify)</i>		25. CLAIMANT'S TELEPHONE NUMBER <i>(Include Area Code)</i>	
29. DESIRED VA NATIONAL CEMETERY <i>(Optional - See instructions)</i>		*26. CLAIMANT'S SOCIAL SECURITY NUMBER <i>(If different from item 4)</i>	
		*27. CLAIMANT'S DATE OF BIRTH <i>(MM/DD/YYYY) (If different from item 8)</i>	
		*28. CLAIMANT'S MAIDEN NAME <i>(If applicable)</i>	
		30. EMAIL ADDRESS <i>(Optional - See instructions)</i>	

### SECTION III - CERTIFICATION AND SIGNATURE

**CERTIFICATION:** By signing below, I certify that I am the Claimant identified in item 23, or an individual signing for the Claimant identified in Item 34. All of the information entered on this form about the Claimant is true and correct to the best of my knowledge. A fraudulent statement that leads to burial in a national cemetery or receiving other benefits from the VA could result in disinterment from that national cemetery and other penalties in accordance with the law. I acknowledge that otherwise eligible individuals may be barred from burial for committing certain serious crimes, as provided under 38 U.S.C. § 2411. VA will therefore validate a previous determination of eligibility at the time of need to check for those bars in addition to law changes or Claimant status changes that may affect eligibility of the Claimant.

*31. YOUR SIGNATURE	*32. DATE	*33. YOUR RELATIONSHIP TO THE CLAIMANT IN ITEM 23 <i>(Check one; See instructions)</i> <input type="checkbox"/> A. SELF <i>(Stop here. Leave Items 34-37 blank)</i> <input type="checkbox"/> B. INDIVIDUAL SIGNING FOR THE CLAIMANT who is under 18 years of age, is mentally incompetent, or is physically unable to sign the pre-need application <i>(Complete items 34 through 37)</i>	
*34. NAME OF INDIVIDUAL FROM ITEM 33B COMPLETING FOR THE CLAIMANT <i>(Last, First, Middle Name)</i>		*35. MAILING ADDRESS OF INDIVIDUAL COMPLETING THIS FORM FOR THE CLAIMANT <i>(Street, City, State, and Zip Code, P.O. Box, Rural Route, etc.)</i>	
*36. TELEPHONE NUMBER <i>(Include Area Code)</i>		37. EMAIL ADDRESS <i>(Optional)</i>	

**INSTRUCTIONS FOR COMPLETING VA FORM 40-10007 APPLICATION FOR PRE-NEED DETERMINATION OF ELIGIBILITY FOR BURIAL IN A VA NATIONAL CEMETERY**

For more complete information on eligibility requirements for burial in a VA national cemetery, visit the National Cemetery Administration online at [http://www.cem.va.gov/cem/burial\\_benefits/eligible.asp](http://www.cem.va.gov/cem/burial_benefits/eligible.asp) or call the National Cemetery Scheduling Office at 1-800-535-1117. For the purposes of this form, the term burial includes inurnment (above ground remains placement in a columbarium) and scattering of ashes, (if the cemetery chosen offers those options). **A Pre-Need determination of eligibility does not guarantee burial in a specific VA national cemetery. Burial in a specific VA national cemetery will be scheduled at the Time of Need.** In order to assist in completing this form, specific instructions and explanations for certain items are given below.

**SECTION I: VETERAN/SERVICEMEMBER**

Eligibility for burial in a VA national cemetery is based on the qualifying service of a Veteran/Servicemember. This section of the form is used to determine if qualifying service exists. Not all items are mandatory, however, answers to questions will aid VA in searching for records in archives to support the claim.

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| <b>Item 13</b> | <b>Military status used to apply for eligibility determination:</b> For VA benefit purposes, a Veteran is a person who served in the active military, naval, or air service, and who was discharged under conditions other than dishonorable. VA will determine on a case-by-case basis whether certain Reserve duty qualifies. If eligibility derives from a status not listed, or if the individual is not certain of the status, check "Other" and submit evidence of service and VA will provide appropriate assistance. Servicemembers who die on active duty are eligible for burial. If you are arranging burial for an active duty Servicemember or his or her dependents, you should contact a local funeral home or the National Cemetery Scheduling Office at 1-800-535-1117 to expedite processing. |
| <b>Item 17</b> | <b>Discharge - Character of Service:</b> Please indicate one type of "Discharge - Character of Service": Honorable; General; Entry Level Separation/Uncharacterized; Other Than Honorable; Bad Conduct; or Dishonorable. If uncertain of the type of discharge or character of service, indicate "Other" and include available supporting documents.  |
| <b>Item 22</b> | <b>Supporting military service documents:</b> VA recommends that you attach photocopies of readily available supporting documents so that we can make the determination quickly. Documents may include the most recent discharge document (DD Form 214) showing the highest rank and valor awards and decorations, active duty service records other than for training purposes, or active duty for a minimum of 24 continuous months for enlisted Servicemembers after September 7, 1980; for officers, after October 16, 1981, or the full period for which the person was called to active duty. If you are unable to locate copies of military records, apply anyway, as VA will attempt to obtain records necessary to make a determination.   |

**SECTION II: CLAIMANT INFORMATION**

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| <b>Item 23</b>         | <b>Each Claimant requires a separate VA Form 40-10007.</b><br><br>23b. Spouse means a person who is or was legally married to a Veteran. Surviving Spouse mean a person who was legally married to a Veteran at the time of the Veteran's death and includes a surviving spouse who had a subsequent remarriage. A non-Veteran spouse of a Veteran whose marriage to the Veteran was dissolved by divorce or annulment issued by an authoritative court is not eligible for burial in a VA national cemetery.<br><br>23c. An unmarried adult child of the Veteran is an individual who became permanently physically or mentally disabled and incapable of self-support before reaching 21 years of age, <i>or</i> before reaching 23 years of age if pursuing a full-time course of instruction at an approved educational institution. If you are making a claim for an unmarried adult child, please provide supporting documentation such as recent medical documentation pertaining to the disability, date of onset of the disability, and the age of the child when diagnosed with this disability. VA recommends that you provide photocopies. <i>Note: Minor children of eligible Veterans are eligible for burial in a VA national cemetery. The minor child of an eligible Veteran is a child who is unmarried and who is under 21 years of age; or who is under 23 years of age and is pursuing a full-time course of instruction at an approved educational institution.</i><br><br>23d. Please explain your Claimant status or relationship to the Veteran/Servicemember. |
| <b>Items 29 and 30</b> | A list of VA national cemeteries is available online at <a href="http://www.cem.va.gov/cem/cems/allnational.asp">http://www.cem.va.gov/cem/cems/allnational.asp</a> <b>A favorable Pre-Need determination of eligibility does not guarantee burial in a specific national cemetery. Burial in a specific VA national cemetery will be scheduled at the time of need.</b> If you provide an email address, VA may use your email address to communicate with you about your claim and burial benefits.   |

**SECTION III: CERTIFICATION AND SIGNATURE**

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| <b>Items 31 and 32</b> | <b>The pre-need application must be signed (Item 31) and dated (Item 32) for VA to process.</b>   |
| <b>Item 33</b>         | You must indicate <b>your relationship to the claimant</b> in Item 33.<br><br><b>33a. Check (A)</b> if you are the claimant<br><br><b>33b. Check (B) and complete Items 34-37</b> if your are signing for a claimant who has not attained the age of 18 years, is mentally incompetent, or is physically unable to sign the pre-need application. You may be a court-appointed representative, a person who is responsible for the care of the individual (including a spouse or other relative), or an attorney in fact or agent authorized to act on behalf of the claimant under a durable power or attorney. If the claimant is in the care of an institution, a manager or principal officer of the institution may sign the form. Please attach supporting documents or an affidavit establishing your position relative to the claimant. |

**Privacy Act Information:** VA considers the responses you submit confidential (38 U.S.C. 5701). VA may only disclose this information outside the VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 42VA41, published in the Federal Register. VA considers the requested information relevant and necessary to determine maximum benefits under the law.

**Respondent Burden:** Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time to review instructions, search existing data sources, gather the necessary data, and complete and review the collection of information. The obligation to respond is voluntary and not required to obtain or retain benefits.