



FUNERAL ARRANGEMENTS

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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 <i>(Last, First, Middle Initial) (This is a mandatory field.)</i>	CLAIM NUMBER	SOCIAL SECURITY NUMBER <i>(mandatory)</i>
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PLACE OF DEATH	DATE OF DEATH <i>(mm/dd/yyyy)</i>	MILITARY SERVICE VERIFIED YES NO
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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
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NAME, ADDRESS AND RELATIONSHIP OF ESCORT	NAME AND ADDRESS OF CONSIGNEE
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PART II - COMPLETE WHEN BURIAL IS DESIRED IN NATIONAL CEMETERY

DATE BURIAL DESIRED <i>(mm/dd/yyyy)</i>	WILL ATTEND GRAVE-SIDE SERVICES	NUMBER IN FUNERAL PARTY	MILITARY HONORS DESIRED YES NO	MILITARY CHAPLAIN DESIRED YES NO	GRAVESITE DESIRED BY SPOUSE YES NO
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REMARKS
 The monetary amounts awarded for funeral arrangements are regulated by 38 U.S.C. Chapter 23 and may change periodically. In light of this, please refer to the link below where the most current information concerning VA burial and plot interment allowances can be obtained.
<http://www.benefits.va.gov/BENEFITS/factsheets/burials/Burial.pdf>

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
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SIGNATURE OF EMPLOYEE (Witness)	TITLE	DATE <i>(mm/dd/yyyy)</i>
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