



## DEPARTMENT OF VETERANS AFFAIRS

You are receiving this letter because \_\_\_\_\_, referred to in this letter as the Reservation Holder, has a reserved gravesite in \_\_\_\_\_, at Gravesite \_\_\_\_\_ in Section \_\_\_\_\_. The only person authorized to use this gravesite is the Reservation Holder. The National Cemetery Administration (NCA) is required to keep an accurate account of reserved gravesites and to make them available to other individuals if the Reservation Holder no longer needs the gravesite.

Please complete the attached Gravesite Reservation Questionnaire by providing the following information:

- If you are replying on behalf of a Reservation Holder who is incapacitated, please indicate that in Block 5.
- If NCA did not send this letter to the Reservation Holder's current mailing address, please provide an updated address in Block 6.
- Mark your intent to keep or relenquish the reserved gravesite in Block 7.
- If you are replying on behalf of a Reservation Holder because they are deceased, please indicate that in Block 8.

Once you have completed the form – to include signing and dating it in Blocks 10 and 11 – please detach and return it using the postage-paid envelope so that NCA can update its records. If you do not reply, NCA may cancel the reservation. Thank you for your prompt response.

NOTE: Prior versions of this letter indicated that remarried spouses were not eligible for burial. However, in 2003 the law changed. Surviving spouses who remarried and whose date of death is on or after January 1, 2000, are eligible for burial in any VA national cemetery.

Contact the national cemetery listed above if you have questions. Contact information for Department of Veterans Affairs national cemeteries is available online at <https://www.cem.va.gov/cem/cems/allnational.asp>.

FL 40-40  
APR 2018 (RS)

DETACH HERE

OMB No. 2900-0546  
Expiration Date: Xxx, 20XX  
Respondent Burden: 10 minutes

Department of Veterans Affairs		GRAVESITE RESERVATION QUESTIONNAIRE (2 YEAR)	
1. NAME	2. SSN/C/SERVICE NO.	3. SECTION	4. GRAVE
IF YOUR ADDRESS CHANGED, INDICATE THE CURRENT ADDRESS BELOW IN BLOCK 6.			
5. ADDITIONAL INFORMATION <input type="checkbox"/> I AM THE INDIVIDUAL LISTED IN BLOCK 1. <input type="checkbox"/> I AM REPLYING ON BEHALF OF THE INDIVIDUAL LISTED IN BLOCK 1. MY RELATIONSHIP TO THE INDIVIDUAL LISTED IN BLOCK 1 IS: (Spouse, Child, Aunt, Friend, etc.) _____		6. ADDRESS (Street, City, State and Zip Code) _____ _____ _____	
7. PLEASE CHECK THE APPROPRIATE BOX BELOW <input type="checkbox"/> YES, I WISH TO RETAIN THE RESERVED GRAVESITE <input type="checkbox"/> NO, I DO NOT WISH TO RETAIN THE RESERVED GRAVESITE		8. IS THE INDIVIDUAL IN BLOCK 1 DECEASED? (If yes, what is the disposition of remains (scattered, buried in a private cemetery, etc.) <input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____	
9. PRINT NAME	10. SIGNATURE	11. DATE	12. PHONE NUMBER (Include Area Code)

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