OMB Control No. 2900-0565
Respondent Burden: 5 minutes
Expiration Date: XX/XX/XXXX

Department of Veterans Affairs

**VA DATE STAMP (DO NOT WRITE IN THIS SPACE)**

# STATE APPLICATION FOR INTERMENT ALLOWANCE (UNDER 38 U.S.C. CHAPTER 23)

**INSTRUCTIONS**: Please read the Privacy Act and Respondent Burden information on Page 2 before completing this form.

## SECTION I: VETERAN'S IDENTIFICATION INFORMATION

**NOTE**: You can ***either*** complete the form online or by hand. Please print your information using blue or black ink, neatly and legibly to help process the form.

1. NAME OF DECEASED VETERAN *(First, Middle Initial, Last)*

2. VETERAN'S SOCIAL SECURITY NUMBER — – –

3. VETERAN'S SERVICE NUMBER *(If different from Item 2)*

4. VETERAN'S FILE NUMBER

5. VETERAN'S DATE OF BIRTH — Month – Day – Year

6. VETERAN'S PLACE OF BIRTH (City and State)

7. VETERAN'S DATE OF DEATH — Month – Day – Year

## SECTION II: VETERAN'S ACTIVE DUTY SERVICE

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

| 8A. BRANCH OF SERVICE | 8B. ENTERED SERVICE | |
|---|---|---|
| | DATE ENTERED ACTIVE SERVICE | PLACE ENTERED ACTIVE SERVICE |
| | | |
| | | |
| | | |

| 9A. GRADE, RANK OR RATING WHEN SEPARATED FROM SERVICE | 9B. SEPARATED FROM SERVICE | |
|---|---|---|
| | DATE LEFT ACTIVE SERVICE | PLACE LEFT ACTIVE SERVICE |
| | | |
| | | |
| | | |

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

## SECTION III: RECIPIENT ORGANIZATION INFORMATION

| 11. NAME OF STATE CLAIMING INTERMENT ALLOWANCE | 12. PLACE OF BURIAL | |
|---|---|---|
| | A. STATE CEMETERY NAME | B. STATE CEMETERY LOCATION |
| | | |

| 13. DATE OF BURIAL *(MM/DD/YYYY)* | 14. RECIPIENT ORGANIZATION NAME *(Full Name of Payee)* | 15. RECIPIENT ORGANIZATION PHONE NUMBER *(Include Area Code)* |
|---|---|---|
| | | |

16. RECIPIENT ORGANIZATION PAYEE ADDRESS *(Number and street or rural route, P.O. Box, City, ZIP Code and Country)*

No. & Street

Apt./Unit Number — City

State/Province — Country — ZIP Code/Postal Code –

Veteran's Social Security No. ☐☐☐ – ☐☐ – ☐☐☐☐

## SECTION IV: CERTIFICATION AND SIGNATURE

I HEREBY CERTIFY THAT the veteran named in Item 1 was buried in a State-owned Veterans Cemetery (without charge).

17A. SIGNATURE OF STATE OFFICIAL DELEGATED RESPONSIBILITY TO APPLY FOR FEDERAL FUNDS *(Sign in ink)*

| 17B. TITLE OF STATE OFFICIAL DELEGATED RESPONSIBILITY TO APPLY FOR FEDERAL FUNDS | 17C. DATE SIGNED |
|---|---|
| | |

## SECTION V: REMARKS

18. REMARKS *(If any)*

**Mail your completed form to:**

Department of Veterans Affairs
Pension Intake Center
P.O. Box 5365
Janesville, Wisconsin 53547-5365

**Or fax your completed form to:**

Toll Free: (844) 655-1604

**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 eligibility for an internment allowance (38 U.S.C. 2303 and 2304). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 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. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at **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.