



# FUNERAL HONORS PROVIDERS CERTIFICATION FORM

Respondent Burden: Public reporting burden for this collection of information is estimated to average 5 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This form, when completed will allow VA to permit funeral honors provider organizations to perform funeral honors activities at VA national cemeteries. VA may not conduct or sponsor and you are not required to respond to this collection of information unless it displays a valid OMB number. Send comments regarding the burden estimate or any other aspects of this collection of information, including suggestions for reducing the burden to VA Clearance Officer (005R1B), 810 Vermont Avenue NW, Washington, DC 20420. SEND COMMENTS ONLY.

## FUNERAL HONORS PROVIDER ORGANIZATION

FUNERAL PROVIDER ORGANIZATION NAME	ADDRESS (Street, City, State, Zip Code)
PHONE NUMBER	
E-MAIL	

## DESIGNATED REPRESENTATIVE'S INFORMATION (Person Authorized to Represent the Funeral Honors Provider Organization)

DESIGNATED REPRESENTATIVE'S NAME	ADDRESS (Street, City, State, Zip Code) (If different than above)
TITLE	
PHONE NUMBER	E-MAIL

## CERTIFICATION

- I certify that I \_\_\_\_\_ am an authorized representative for the organization performing funeral honors activities.
- I certify that the name and contact information for the funeral honors provider organization and the representative for the organization accountable for funeral honors listed above is valid.
- I certify that the funeral honors provider organization and its members will comply with VA security, safety, and law enforcement regulations under 38 CFR 1.218 ensuring protection of the decedent family and other cemetery visitors and maintaining the honor and dignity of the national cemeteries.
- I certify that the funeral honors provider organization and its members will maintain and operate any equipment in a safe manner consistent with VA and DoD policies.
- I certify that the funeral honors provider organization and its members will not solicit for or accept donations on VA property except as authorized under 38 CFR 1.218(a)(8).

## ADDITIONAL CERTIFICATION FOR NON-DOD FUNERAL HONORS PROVIDER ORGANIZATIONS

- I certify that that the funeral honors provider organization and its members will conduct activities on federal property as an independent entity, not as an agent or employee of VA, unless registered as a VA volunteer.
- I certify that the funeral honors provider organization and its members conducting funeral honors have completed training on funeral honors tasks and the safe use of funeral honors equipment.
- I certify that the funeral honors provider organization and its members will provide funeral honors services in accordance with the agreement between the personal representative of the individual being honored and the funeral honors provider organization.

FUNERAL HONORS PROVIDER REPRESENTATIVE SIGNATURE (Ink Signature Required)	DATE (MM/DD/YYYY)