



VERIFICATION OF ELIGIBILITY FOR BURIAL IN A NATIONAL CEMETERY

NUMBER

NOTE: Orally summarize the below Privacy Act notice and provide a copy of this form before collecting information from a person.

PRIVACY ACT NOTICE: The information is solicited under Chapter 24, Title 38, United States Code, and will be used in determining the eligibility of the deceased for burial in a national cemetery, in making a preliminary determination concerning the monument inscription, and in making burial arrangements. Disclosure is voluntary. However, if the information is not furnished, burial may be delayed. The information may be disclosed outside the VA as permitted by law, or as stated in the "Notices of Systems of VA Records," identified as (42VA41), Veterans and Dependents National Cemetery Interment Records-VA and (41VA41), Veterans and Dependents National Cemetery Gravesite Reservation Records, which have been published in the Federal Register in accordance with the Privacy Act of 1974.

RESPONDENT BURDEN: Accordingly, we may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. Public reporting burden for this collection of information is estimated to average 15 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. Your response is required to obtain the benefit to which you may be entitled. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Act (2900-0232), Washington, DC 20503. Please **DO NOT** send applications for benefits to this address.

SECTION I - FUNERAL HOME INFORMATION

NAME OF FUNERAL HOME CONTACT		NAME AND ADDRESS OF FUNERAL HOME	
DATE CALL RECEIVED	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		

SECTION II - DECEDENT

LAST NAME, FIRST NAME, MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YYYY)	DATE OF DEATH (MM/DD/YYYY)
HOME OF RECORD AT TIME OF DEATH (City, County, and State)	DECEDENT <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> SPOUSE <input type="checkbox"/> VETERAN	

SECTION III - VETERAN

LAST NAME, FIRST NAME, MIDDLE INITIAL		MARITAL STATUS	SERVICE NUMBER OR SSN	VA CLAIM NUMBER
SEX (Information will be used for statistical purposes only) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE OR ETHNICITY (Optional. You may select more than one. Information will be used for statistical purposes only.) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE			
MILITARY STATUS <input type="checkbox"/> ON ACTIVE DUTY <input type="checkbox"/> RETIRED <input type="checkbox"/> IN RESERVE <input type="checkbox"/> VETERAN	PERIOD OF SERVICE <input type="checkbox"/> WWI <input type="checkbox"/> VIETNAM <input type="checkbox"/> WWII <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> KOREAN	ACTIVE DUTY DATES (MM/DD/YYYY) ENTERED RELEASED	OTHER SERVICE DATES (MM/DD/YYYY) ENTERED RELEASED	
HIGHEST GRADE, RATE OR RANK AND BRANC OF SERVICE IN WHICH HELD				

SECTION IV - NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN	RELATIONSHIP	
	DATE OF BIRTH OF WIDOW(ER) (If next of kin)	NAME OF MOTHER (If next of kin)

SECTION V - INTERMENT DATA

INTERMENT				GRAVE/LOCATION		DEPTH OF GRAVE	
TENTATIVE DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	ACTUAL DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SECTION	NUMBER	<input type="checkbox"/> 3 FT. <input type="checkbox"/> 7 FT.	<input type="checkbox"/> 5 FT. <input type="checkbox"/> 9 FT.
GRAVE POSITION <input type="checkbox"/> CL <input type="checkbox"/> LH <input type="checkbox"/> LL <input type="checkbox"/> RH		OUTSIDE CONTAINER <input type="checkbox"/> VAULT <input type="checkbox"/> WOOD <input type="checkbox"/> METAL <input type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC/FIBERGLASS <input type="checkbox"/> GOVT. GRAVELINER <input type="checkbox"/> NO CONTAINER			WAS THERE A PREVIOUS INTERMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF REQUEST <input type="checkbox"/> RESERVATION <input type="checkbox"/> REOPENER

INFORMATION REGARDING PREVIOUSLY INTERRED FAMILY MEMBER(S)

NAME(S) OF FAMILY MEMBER(S)	DATE(S) OF DEATH	DATE(S) OF INTERMENT
DISTANCE (MILES) FROM DECEDENT'S RESIDENCE	HAS FOREMAN BEEN NOTIFIED OF RESERVED GRAVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	CREMAINS <input type="checkbox"/> URN <input type="checkbox"/> OTHER (Specify)
		BURIAL PERMIT <input type="checkbox"/> ON FILE <input type="checkbox"/> NOT FURNISHED FOR RECORD <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> SIGNED AND RETURNED

SECTION VI - RELIGIOUS DATA

DENOMINATION OF DECEDENT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> OTHER (<i>Specify</i>) <input type="checkbox"/> JEWISH <input type="checkbox"/> PROTESTANT		RELIGIOUS EMBLEM	COMMITAL SERVICES DESIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND ADDRESS OF OFFICIATING CLERGY
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SECTION VII - ELIGIBILITY VERIFICATION

DATE MESSAGE SENT	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE REPLY RECEIVED	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	WAS DISCHARGE CERTIFICATE FURNISHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SECTION VIII - MISCELLANEOUS DATA

ARE PALLBEARERS SERVICES REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE CLERGY SERVICES REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THERE BE MILITARY HONORS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SECTION IX - FOR VA USE ONLY (*Initial if required and give date when completed*)

INITIALS	DATE	ITEM	INITIALS	DATE	ITEM
		VA FORM 40-4956, RECORD OF INTERMENT			VA FORM 40-4965, INTERMENT RECORD FOR NEXT OF KIN
		VA FORM 40-4960, TEMPORARY GRAVE MARKER			VA FORM 40-4982, INTERMENT REGISTER
		VA FORM 40-4961, STATEMENT OF MARITAL STATUS			VA FORM 40-4987, AGREEMENT FOR BURIAL OF CREMATED REMAINS
		VA FORM 40-4964, CERTIFICATION OF MONUMENT DATA			PROOF OF SERVICE

REMARKS