



## PRESIDENTIAL MEMORIAL CERTIFICATE REQUEST FORM

**RESPONDENT BURDEN:** Public reporting burden for this collection of information is estimated to average three minutes per response, including the time to review instructions, search existing data sources, gather the necessary data, and complete and review the collection of information. The obligation to respond is voluntary and not required to obtain or retain benefits. Statutory authority for the Presidential Memorial Certificate (PMC) Program is 38 U.S.C. 112. The information requested is approved under OMB Control Number 2900-0567, and is necessary to allow eligible recipients (next of kin, other relatives or friends) to request PMC.

The National Cemetery Administration does not give, sell or transfer any personal information outside of the agency. The Department of Veterans Affairs (VA) may not conduct or sponsor, and you are not required to respond to this collection of information unless it displays a valid OMB Control Number. Responding to this collection is voluntary. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (005R1B), 810 Vermont Avenue NW, Washington, DC 20420. **SEND COMMENTS ONLY.** *Please do not send applications for benefits to this address.*

### SECTION I - INSTRUCTIONS FOR COMPLETING VA FORM 40-0247, PRESIDENTIAL MEMORIAL CERTIFICATE REQUEST FORM

**Military/Discharge Documents:** VA recommends that you attach photocopies of readily available supporting documents so that we can make the determination quickly. Documents may include the most recent discharge document (DD Form 214) showing active duty service records other than for training purposes, or active duty for a minimum of 24 continuous months for enlisted Servicemembers after September 7, 1980; for officers, after October 16, 1981, or the full period for which the person was called to active duty. If you are unable to locate copies of military records, apply anyway, as VA will attempt to obtain records necessary to make a determination.

**Name of Veteran:** DO NOT include nicknames, military rank or civilian title(s).

**Name and Mailing Address of Person Requesting Certificate:** Provide the full name and complete mailing address to avoid delays in delivery.

We strongly recommend you download this form online (<http://www.cem.va.gov/pmc.asp>), complete, sign, and electronically submit it.

For replacement Presidential Memorial Certificates, select the REPLACEMENT check box in 12. Type of Request and complete SECTION II - VETERAN/SERVICEMEMBER INFORMATION.

**Complete a new VA Form 40-0247 for each additional address where certificates will be mailed to.**

**Privacy Act Information:** VA considers the responses you submit confidential (38 U.S.C. 5701). VA may only disclose this information outside the VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 175VA41A published in the Federal Register.

### SECTION II - VETERAN/SERVICEMEMBER INFORMATION

1. NAME OF VETERAN ( <i>First, Middle, Last</i> )		2. VETERAN SSN OR SERVICE NUMBER OR VA FILE NUMBER ( <i>Required</i> )	
3. RACE OR ETHNICITY ( <i>You may select more than one. Information will be used for statistical purposes only.</i> )			
<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE	<input type="checkbox"/> ASIAN OR ASIAN AMERICAN	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	<input type="checkbox"/> WHITE
<input type="checkbox"/> HISPANIC OR LATINO	<input type="checkbox"/> NOT HISPANIC OR LATINO	<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
4. SEX ( <i>Information will be used for statistical purposes only.</i> )			
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> UNSPECIFIED OR ANOTHER GENDER IDENTITY	
5. DATE OF BIRTH	6. DATE OF DEATH		

### SECTION III - PERSON REQUESTING CERTIFICATE INFORMATION

7. NAME OF PERSON REQUESTING CERTIFICATE		8. MAILING ADDRESS OF PERSON REQUESTING CERTIFICATE	
9. HOME OR WORK TELEPHONE NUMBER ( <i>Include area code</i> )			
10. REQUESTOR EMAIL ADDRESS	11. NUMBER OF CERTIFICATES REQUESTED	12. TYPE OF REQUEST	
		<input type="checkbox"/> INITIAL REQUEST ( <i>First time</i> ) <input type="checkbox"/> REPLACEMENT, REORDER, ADDITIONAL	

### SECTION IV - CERTIFICATION AND SIGNATURE

**CERTIFICATION:** I certify, to the best of my knowledge, that the decedent has never committed a serious crime, such as murder or other offense that could have resulted in imprisonment for life, has never been convicted of a serious crime, and has never been convicted of a sexual offense for which the decedent was sentenced to a minimum of life imprisonment.

13. SIGNATURE OF PERSON REQUESTING CERTIFICATE (*Required*)

### SECTION V - SUBMITTING FORM AND DOCUMENTS

<b>ELECTRONICALLY</b> submit your claim and supporting documents by using Quick Submit at <a href="http://access.va.gov">access.va.gov</a> . You will be instructed to register during your first sign-on attempt.	Or	<b>MAIL</b> your claim and supporting documents to: NCA FP Evidence Intake Center PO Box 5237 Janesville, WI 53547
	Or	<b>FAX</b> claim and supporting documents to: 1 (800) 455-7143

*(The blocks below are for official use only)*

14. CASE MANAGER NAME	15. PMC ID NUMBER	16. CASE MANAGER EMAIL
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