



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

**STATE OR TRIBAL ORGANIZATION 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 ( <i>First, Middle Initial, Last</i> )		
2. VETERAN'S SOCIAL SECURITY NUMBER  — —	3. VETERAN'S SERVICE NUMBER ( <i>If different from Item 2</i> )	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: STATE CEMETERY OR TRIBAL ORGANIZATION INFORMATION**

11. NAME OF STATE CEMETERY OR TRIBAL ORGANIZATION CLAIMING INTERMENT ALLOWANCE	12. PLACE OF BURIAL	
	A. STATE CEMETERY OR TRIBAL CEMETERY NAME	B. STATE CEMETERY OR TRIBAL CEMETERY LOCATION
13. DATE OF BURIAL ( <i>MM/DD/YYYY</i> )	14. RECIPIENT ORGANIZATION NAME ( <i>Full Name of Payee</i> )	15. RECIPIENT ORGANIZATION PHONE NUMBER ( <i>Include Area Code</i> )
16. RECIPIENT ORGANIZATION PAYEE ADDRESS ( <i>Number and street or rural route, P.O. Box, City, ZIP Code and Country</i> )		
No. & Street	City	
Apt./Unit Number	State/Province	Country
	ZIP Code/Postal Code	

**SECTION IV: CERTIFICATION AND SIGNATURE**

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

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

17B. TITLE OF STATE OR TRIBAL 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

**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 Veteran Readiness 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:** An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0565, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden to VA Reports Clearance Officer at [VACOPaperworkReduAct@VA.gov](mailto:VACOPaperworkReduAct@VA.gov). Please refer to OMB Control No. 2900-0565 in any correspondence. Do not send your completed VA Form 21P-530a to this email address.