OMB Approved No. 2900-0799
Respondent Burden: 10 Minutes
Expiration Date: 07/31/2026

VA | U.S. Department of Veterans Affairs

REQUEST FOR CASKET/URN ALLOWANCE

(For a deceased Veteran buried in a VA National, State, or Tribal Cemetery with no next-of-kin and insufficient resources for burial)

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 2900-0799, and it expires 07/31/2026. Statutory authority for casket or urn allowance is 38 U.S.C. 2306 for deaths occurring on or after January 10, 2014 if interred in a VA national cemetery or on or after December 14, 2016 if interred in a VA-funded State or Tribal cemetery. Public reporting burden for this collection of information is estimated to average 10 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. Please refer to OMB Control No. 2900-0799 in any correspondence. Do not send your completed VA Form 40-10088 to this email address.

PRIVACY ACT INFORMATION: VA is asking you to provide the information on this form under 38 U.S.C. Section 2306 in order for VA to obtain information sufficient to provide allowance for the purchase of a casket or an urn, if that Veteran has no next-of-kin that is willing or able to pay for the burial and insufficient resources for burial. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the applicable Privacy Act system of records notice (48VA40B, Veterans (Deceased) Headstone or Marker Records - VA, as published in the Federal Register on August 26, 1975, (40 FR 38095)). Providing the requested information is voluntary, but if any or all of the requested information is not provided, it may delay or result in denial of your request for allowance. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records and for other purposes authorized or required by law.

PART I - APPLICATION AND CERTIFICATION *(Completed by the Applicant)*

INSTRUCTIONS FOR SUBMITTING A REQUEST FOR ALLOWANCE: Type or print clearly all information required. This part serves as a means for applicants to certify information that is necessary to claim allowance for a casket or urn purchased for unclaimed deceased Veterans with insufficient resources for burial. To apply for allowance, applications should be submitted to the National Cemetery Administration Finance Service **via fax 314-416-6340** or **via mail to Department of Veterans Affairs, Attention: NCA Finance Services, P.O. Box 141, Triangle, VA 22172**.

Applicants must also have a Vendor ID on file with the VA Finance Service Center (FCS). Applicants who do not have a Vendor ID may submit, either before or after the interment, a completed and signed FSC Vendor File Request Form (VA Form 10091) to the NCA Finance Service at the above address **(Attention: Casket and Urn Program)**. Applicants may download the form at **http://vaww.va.gov/vaforms/va/pdf/VA10091.pdf**.

PLEASE NOTE: VA will not process the allowance request unless the applicant has completed all requirements in Parts I of this form and submitted all required documentation for allowance.

1. NAME OF DECEASED VETERAN	2. SOCIAL SECURITY NUMBER *(999-99-9999)*	3. SERVICE NUMBER *(if applicable)*	4. DATE OF BIRTH *(MM/DD/YYYY)*

5. RACE OR ETHNICITY *(Optional. You may select more than one. Information will be used for statistical purposes only.)*

☐ AMERICAN INDIAN OR ALASKA NATIVE ☐ ASIAN OR ASIAN AMERICAN ☐ BLACK OR AFRICAN AMERICAN ☐ HISPANIC OR LATINO
☐ NOT HISPANIC OR LATINO ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ WHITE

6. SEX *(Optional. Information will be used for statistical purposes only)*	7. AGE AT TIME OF DEATH *(Optional)*
☐ FEMALE ☐ MALE	

8. NAME OF FUNERAL HOME REPRESENTATIVE *(If applicable)*	10. ADDRESS OF FUNERAL HOME
9. TELEPHONE NUMBER OF FUNERAL HOME *((999) 999-9999)*	
11. NAME OF APPLICANT	13. ADDRESS OF APPLICANT
12. TELEPHONE NUMBER OF APPLICANT *((999) 999-9999)*	

14. APPLICANT E-MAIL ADDRESS

15. PLEASE INCLUDE THE FOLLOWING ATTACHMENTS *(Please ensure decedent's name and/or DECEDENT ID appears on each attachment.)*

☐ SUPPORTING DOCUMENTS REFLECTING NO NEXT-OF-KIN WAS LOCATED
☐ FSC VENDOR FILE REQUEST FORM (VA FORM 10091) *If previously enrolled provide Vendor ID:*

By signing below I certify the following:

I. I cannot identify the Veteran's next-of-kin or an identified next of kin is unwilling or unable to assume responsibility for the deceased Veteran's burial arrangements.

II. I have followed applicable state or local law relating to the disposition of unclaimed remains.

III. To the best of my knowledge, sufficient resources are otherwise unavailable to furnish the casket or urn.

16. SIGNATURE OF PERSON AUTHORIZED TO CERTIFY *(Ink signature)*	17. DATE *(MM/DD/YYYY)*

PENALTY: The law provides severe penalties, which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any benefit to which you are not entitled.

PART II - CEMETERY OFFICIAL OBSERVATION OF BURIAL CONTAINER

(For Completion by VA National, State, or Tribal Cemetery Official)

1. BEFORE ALLOWANCE FOR THE CASKET OR URN CAN BE PROCESSED, ALL OF THE FOLLOWING QUALITY STANDARDS FOR THE BURIAL RECEPTABLE MUST BE OBSERVED:

☐ **CASKET**
- ☐ STANDARD SIZE *(Exterior dimensions are generally 82 X 28 inches)*
- ☐ CONSTRUCTED OF 20 GAUGE OR THICKER METAL
- ☐ IS NOT LEAKING
- ☐ HAS FIXED RAILS OR SWING ARM HANDLES
- ☐ HOLDS THE WEIGHT OF THE DECEDENT'S REMAINS

☐ **URN** *(Must be of durable material. Select one)*
- ☐ PLASTIC ☐ METAL ☐ OTHER
- ☐ WOOD ☐ CERAMIC/STONE

☐ SEALED, NOT LEAKING

☐ THE CASKET/URN EXHIBITS ALL OF THE LISTED QUALITY STANDARDS

☐ THE CASKET/URN DOES NOT EXHIBIT ALL OF THE LISTED QUALITY STANDARDS *(Please Explain)*:

2. PRINTED NAME OF VA NATIONAL, STATE, OR TRIBAL CEMETERY OFFICIAL	3. CEMETERY NAME
4. CEMETERY STATION NUMBER	5. CEMETERY STATE

6. SIGNATURE OF VA NATIONAL, STATE OR TRIBAL CEMETERY OFFICIAL *(Ink signature)*	7. DATE *(MM/DD/YYYY)*
8. APPLICANT ACKNOWLEDGMENT OF OBSERVATIONS *(SIGNATURE) (Ink signature)*	9. DATE *(MM/DD/YYYY)*