OMB Control No. 2900-0232
Respondent Burden: 15 Minutes
Expiration Date: 08/31/2026

VA U.S. Department of Veterans Affairs

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: 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 2900-0232, and it expires 08/31/2026. Public reporting burden for this collection of information is estimated to average 15 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 vapra@va.gov. Please refer to OMB Control No. 2900-0232 in any correspondence. Do not send your completed VA Form 40-4962 to this email address.

SECTION I - FUNERAL HOME INFORMATION

NAME OF FUNERAL HOME CONTACT

NAME AND ADDRESS OF FUNERAL HOME

DATE CALL RECEIVED *(MM/DD/YYYY)*

TIME ☐ A.M. ☐ 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
☐ SON ☐ DAUGHTER ☐ SPOUSE ☐ VETERAN ☐ OTHER

SECTION III - VETERAN

LAST NAME, FIRST NAME, MIDDLE INITIAL

MARITAL STATUS

SERVICE NUMBER OR SSN

VA CLAIM NUMBER

SEX *(Optional. Information will be used for statistical purposes only)* ☐ FEMALE ☐ MALE

RACE OR ETHNICITY *(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 ☐ WHITE
☐ HISPANIC OR LATINO ☐ NOT HISPANIC OR LATINO ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

MILITARY STATUS
☐ ON ACTIVE DUTY
☐ RETIRED
☐ IN RESERVE
☐ VETERAN

PERIOD OF SERVICE
☐ WWII ☐ KOREA ☐ VIETNAM
☐ PERSIAN GULF
☐ OTHER (*Specify)*

ACTIVE DUTY DATES *(MM/DD/YYYY)*: ENTERED | RELEASED

OTHER SERVICE DATES *(MM/DD/YYYY)*: ENTERED | RELEASED

HIGHEST GRADE, RATE OR RANK, AND BRANCH 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) (MM/DD/YYYY)*

NAME OF MOTHER *(If next of kin)*

SECTION V - INTERMENT DATA

INTERMENT

TENTATIVE DATE *(MM/DD/YYYY)*

TIME ☐ A.M. ☐ P.M.

ACTUAL DATE *(MM/DD/YYYY)*

TIME ☐ A.M. ☐ P.M.

GRAVE/LOCATION

SECTION

NUMBER

DEPTH OF GRAVE
☐ 3 FT. ☐ 7 FT.
☐ 5 FT. ☐ 9 FT.

GRAVE POSITION
☐ CL ☐ LH
☐ LL ☐ RH

OUTSIDE CONTAINER
☐ VAULT ☐ WOOD ☐ METAL ☐ CONCRETE ☐ PLASTIC/FIBERGLASS
☐ GOVT. GRAVELINER ☐ NO CONTAINER

WAS THERE A PREVIOUS INTERMENT?
☐ YES ☐ NO

TYPE OF RESERVATION
☐ RESERVATION
☐ REOPENER

INFORMATION REGARDING PREVIOUSLY INTERRED FAMILY MEMBER(S)

NAME(S) OF FAMILY MEMBER(S)

DATE(S) OF DEATH *(MM/DD/YYYY)*

DATE(S) OF INTERMENT *(MM/DD/YYYY)*

DISTANCE *(MILES)* FROM DECEDENT'S RESIDENCE

HAS FOREMAN BEEN NOTIFIED OF RESERVED GRAVE?
☐ YES ☐ NO

CREMAINS
☐ URN
☐ OTHER *(Specify)*

BURIAL PERMIT
☐ ON FILE ☐ NOT FURNISHED FOR RECORD
☐ NOT REQUIRED ☐ SIGNED AND RETURNED

SECTION VI - RELIGIOUS DATA

DENOMINATION OF DECEDENT	RELIGIOUS EMBLEM	COMMITTAL SERVICES DESIRED?	NAME AND ADDRESS OF OFFICIATING CLERGY
☐ CATHOLIC ☐ JEWISH ☐ PROTESTANT ☐ OTHER *(Specify)*		☐ YES ☐ NO	

SECTION VII - ELIGIBILITY VERIFICATION

(For persons who served honorably with a special guerrilla unit or irregular forces operating from a base in Laos in support of the Armed Forces during the period February 28, 1962 and May 7, 1975)

AT TIME OF DEATH	WAS A CITIZEN OF THE UNITED STATES OR AN ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE IN THE U.S.	☐ YES ☐ NO
	RESIDED IN UNITED STATES	☐ YES ☐ NO
	DIED ON OR AFTER MARCH 23, 2018	☐ YES ☐ NO

EVIDENCE OF SERVICE

☐ ORIGINAL DOCUMENTATION ISSUED BY A GOVERNMENT AGENCY OFFICIALLY DOCUMENTING THE SERVICE TYPE, LOCATION AND DATES SERVED;

☐ AN AFFIDAVIT OF THE DECEDENT'S SUPERIOR OFFICER ATTESTING TO THE TYPE OF SERVICE, LOCATION, AND DATES SERVED;

☐ TWO AFFIDAVITS FROM OTHER INDIVIDUALS WHO WERE ALSO SERVIING WITH SUCH A SPECIAL GUERILLA UNIT OR IRREGULAR FORCES AND WHO PERSONALLY KNEW OF THE DECEDENT'S SERVICE; OR

☐ OTHER APPROPRIATE EVIDENCE THAT FACTUALLY DOCUMENTS THE SERVICE, LOCATION AND DATES SERVED.

DATE MESSAGE SENT *(MM/DD/YYYY)*	TIME	DATE REPLY RECEIVED *(MM/DD/YYYY)*	TIME	WAS DISCHARGE CERTIFICATE FURNISHED?
	☐ A.M. ☐ P.M.		☐ A.M. ☐ P.M.	☐ YES ☐ NO

SECTION VIII - MISCELLANEOUS DATA

ARE PALLBEARERS SERVICES REQUIRED?	ARE CLERGY SERVICES REQUIRED?	WILL THERE BE MILITARY HONORS?
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

SECTION IX - FOR VA USE ONLY *(Initial if required and give date when completed)*

INITIALS	DATE *(MM/DD/YYYY)*	ITEM	INITIALS	DATE *(MM/DD/YYYY)*	ITEM
		VA FORM 40-4956, RECORD OF INTERMENT			VA FORM 40-4956, RECORD OF INTERMENT FOR NEXT OF KIN
		VA FORM 40-4960, REMPORARY 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