



DEPARTMENT OF VETERANS AFFAIRS

[Department of Veterans Affairs Address]

[Recipient Name and Address]

DATE (MM/DD/YYYY):

You are receiving this letter because [Name on the Reserved Gravesite], referred to in this letter as the Reservation Holder, has a reserved gravesite in [National Cemetery Name], at Gravesite [Number] in Section [Number]. The only person authorized to use this gravesite is the Reservation Holder. The National Cemetery Administration (NCA) is required to keep an accurate account of reserved gravesites and to make them available to other individuals if the Reservation Holder no longer needs the gravesite.

Please complete the attached Gravesite Reservation Questionnaire by providing the following information:

- If you are replying on behalf of a Reservation Holder who is incapacitated, please indicate that in Block 5.
- If NCA did not send this letter to the Reservation Holder's current mailing address, please provide an updated address in Block 6.
- Mark your intent to keep or relinquish the reserved gravesite in Block 7.
- If you are replying on behalf of a Reservation Holder because they are deceased, please indicate that in Block 8.

Once you have completed the form – to include signing and dating it in Blocks 10 and 11 – please detach and return it using the postage-paid envelope so that NCA can update its records. If you do not reply, NCA may cancel the reservation. Thank you for your prompt response.

NOTE: Prior versions of this letter indicated that remarried spouses were not eligible for burial. However, in 2003 the law changed. Surviving spouses who remarried and whose date of death is on or after January 1, 2000, are eligible for burial in any VA national cemetery.

Contact the national cemetery listed above if you have questions. Contact information for Department of Veterans Affairs national cemeteries is available online at <https://www.cem.va.gov/cem/cems/allnational.asp>.

DETACH HERE

OMB Control No. 2900-0546
Respondent Burden: 10 Minutes
Expiration Date: 10/31/2026

VA  U.S. Department of Veterans Affairs		GRAVESITE RESERVATION QUESTIONNAIRE (2 YEAR)	
1. NAME	2. SSN/C/SERVICE NO.	3. GRAVE SECTION	4. GRAVESITE
IF YOUR ADDRESS CHANGED, INDICATE THE CURRENT ADDRESS BELOW IN BLOCK 6.			
5. ADDITIONAL INFORMATION ☐ I AM THE INDIVIDUAL LISTED IN BLOCK 1 ☐ I AM REPLYING ON BEHALF OF THE INDIVIDUAL LISTED IN BLOCK 1. MY RELATIONSHIP TO THE INDIVIDUAL LISTED IN BLOCK 1 (Spouse, Child, Aunt, Friend, etc.): _____		6. ADDRESS (Street, City, State and Zip Code)	
7. PLEASE CHECK THE APPROPRIATE BOX BELOW ☐ YES, I WISH TO RETAIN THE RESERVED GRAVESITE ☐ NO, I DO NOT WISH TO RETAIN THE RESERVED GRAVESITE		8. IS THE INDIVIDUAL IN BLOCK 1 DECEASED? (If yes, what is the disposition of remains (scattered, buried in a private cemetery, etc.) ☐ YES _____ ☐ NO _____	
9. PRINT NAME	10. SIGNATURE	11. DATE (MM/DD/YYYY)	12. PHONE NUMBER (Include Area Code) ((999) 999-9999)

PRIVACY ACT: Chapter 24, Title 38, United States Code allows VA to determine if individuals holding gravesite reservations in national cemeteries wish to retain the reservation and whether their eligibility for the reservation has been affected. Responding to this questionnaire is required to retain your benefit; failure to provide the information may result in cancellation of the gravesite reservation. The information you provide may be disclosed outside VA as permitted by law or as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974 as "Veterans and Dependents National Cemetery Interment Records VA" (42VA41).

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 2900-0546, and it expires 10/31/2026. 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 vapra@va.gov. Please refer to OMB Control No. 2900-0546 in any correspondence. Do not send your completed VA Form Letter 40-40 to this email address.