APPLICATION FOR REIMBURSEMENT INSTALLATION OF VETERAN'S FEDERAL MARKER DVA Form CMS-3 (Rev. May 20, 2024) (Previous Editions Are Obsolete) STATE OF CONNECTICUT DEPARTMENT OF VETERANS AFFAIRS ATTN: CEMETERY AND MEMORIAL SERVICES 287 WEST ST. ROCKY HILL, CT 06067

E-Mail: oaa-cms.dva@ct.gov

**INSTRUCTIONS**: Complete and return this application to above address along with documented proof of the Veterans military dates of service, and place of discharge. This application must be submitted within **TWO YEARS** of the Veterans date of death. Any omissions in this form may cause delays or denial of claim.

1. Funeral Home:		2. Telephone:	
3. Type of Marker: Flush Marker:		Upright Headstone:	Bronze Plaque:
<u>VETERAN INFORMATION</u>			
4. Name of Veteran: 5. SSN:			
		5. SSN:	
6. Date of Birth:  8. Date of Enlistment:		7. Date of Death:	
		9. Place of Enlistment:	
10. Date of Discharge:		11. Place of Discharge:	
12. Character of Discharge:		13. Military Serial Number: _	
CEMETERY INFORMATION		NEXT OF KIN	<u>INFORMATION</u>
14. Name:		21. Name:	
15. Street:		22. Street:	
16. City:		23. City:	
17. State:	18. ZIP:	24. State:	25. ZIP:
19. Phone:		26. Phone:	
20. E-Mail:		27. E-Mail:	
PAYEE INFORMATION (Vendor to be Reimbursed)			
28. Cemetery the Payee? Yes (Omit items 29-36) !!!!!!No (Complete Items 29-36)			
	<u>PAYEE</u>		
	29. Name:		
30. Street:			
	31. City:		
	32. State:	33. ZIP:	
	34. Phone:		
	35. E-Mail:		
36: FEIN/SSN (Required):			
37. I hereby certify that, to the best of my knowledge, the information contained in this application is accurate.			
Signature:		Date:	<del></del>