

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: _____

VETERAN INFORMATION

4. Name of Veteran: _____	5. SSN: _____
6. Date of Birth: _____	7. Date of Death: _____
8. Date of Enlistment: _____	9. Place of Enlistment: _____
10. Date of Discharge: _____	11. Place of Discharge: _____
12. Character of Discharge: _____	13. Military Serial Number: _____

<u>CEMETERY INFORMATION</u>		<u>NEXT OF KIN 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: _____