

## INSTRUCTIONS FOR COMPLETING APPLICATION FOR BURIAL BENEFITS (UNDER 38 U.S.C., CHAPTER 23)

### IMPORTANT - READ THESE INSTRUCTIONS CAREFULLY

**PRIVACY ACT INFORMATION:** The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law and is required to obtain benefits. Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine your eligibility to burial benefits. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

### 1. GENERAL

#### a. ELIGIBILITY - NON-SERVICE-CONNECTED

- (1) **NON-SERVICE-CONNECTED BURIAL ALLOWANCE** - A one-time payment for a veteran who was receiving VA pension or disability compensation; would have been receiving disability compensation but for the receipt of military retired pay, or had an eligible pending claim at the time of death.
- (2) **SERVICE-CONNECTED BURIAL ALLOWANCE** - A one-time payment for a veteran who was rated totally disabled for a service-connected disability or disabilities; excluding individual unemployability, or who died of a service-connected disability.
- (3) **VA MEDICAL CENTER DEATH BURIAL ALLOWANCE** - A one-time payment for a veteran whose death was not service-connected and who died while hospitalized by VA.

b. **BURIAL ALLOWANCE** - A one-time benefit payment payable toward the expenses of the funeral and burial of the veteran's remains. Burial includes all legal methods of disposing of the veteran's remains including, but not limited to, cremation, burial at sea, and medical school donation.

c. **PLOT OR INTERMENT ALLOWANCE** - A one-time benefit payment payable toward:

- (1) Expenses incurred for the plot or interment if burial was not in a national cemetery or other cemetery under the jurisdiction of the United States; OR
- (2) Expenses payable to a State (or political subdivision of a State) if the veteran died from non-service-connected causes and was buried in a State-owned cemetery or section used solely for the remains of persons eligible for burial in a national cemetery.

"Plot" means the final disposition site of the remains, whether it is a grave, mausoleum vault, columbarium niche, or similar place. "Interment" means the burial of casketed remains in the ground or the placement of cremated remains into a columbarium niche.

d. **TRANSPORTATION EXPENSES** - The cost of transporting the body to the place of burial may be paid in addition to the burial allowance when:

- (1) The veteran died of a service-connected disability or had a compensable service-connected disability and burial is in a national cemetery; OR
- (2) The veteran died while in a hospital, domiciliary or nursing home to which he/she had been properly admitted under authority of VA; OR
- (3) The veteran died en route while traveling under prior authorization of VA for the purpose of examination, treatment; OR
- (4) The veteran's remains are unclaimed and burial is in a national cemetery.

2. WHO SHOULD FILE A CLAIM - VA may grant a claim that any eligible person files. Upon death of the veteran, VA will pay the first living person to file a claim of those listed below:

- (1) The veteran's surviving spouse; OR
- (2) The survivor of a legal union\* between the deceased veteran and the survivor; OR
- (3) The veteran's children, regardless of age; OR
- (4) The veteran's parents or the surviving parent; OR
- (5) The executor or administrator of the deceased veteran's estate, or person acting for the deceased veteran's estate.

\*For purposes of this application, legal union means a formal relationship between the veteran and the survivor that existed on the date of the veteran's death, was recognized under the law of the State in which the couple formalized the relationship, and was evidenced by the State's issuance of documentation memorializing the relationship.

If the veterans remains are unclaimed, VA will pay the person or entity that provided burial services for the remains of an unclaimed veteran.

3. TIME LIMIT FOR FILING A CLAIM - A claim for non-service-connected burial allowance must be filed with VA within 2 years after the date of the veteran's permanent burial or cremation. If a veteran's discharge was corrected after death to "Under Conditions Other Than Dishonorable," the claim must be filed within 2 years after the date of correction. There is no time limit for the service-connected burial allowance, plot or interment allowance, VA hospitalization death burial allowance, or reimbursement of transportation expenses.

4. COMPLETING CLAIM BY A FIRM OR STATE AGENCY - The claim must be executed in the full name of the firm or State agency, and show the official position or connection of the individual who signs on its behalf.

5. PROOF OF DEATH TO ACCOMPANY CLAIM - Death in a government institution does not need to be proven. In other cases, the claimant must forward a copy of the public record of death. If proof has previously been furnished VA, it need not be submitted again.

6. STATEMENT OF ACCOUNT MUST ACCOMPANY TRANSPORTATION CLAIMS - If transported by common carrier, a receipt must accompany the claim. All receipts for transportation charges should show the name of the veteran, the name of the person who paid, and the amount of the charges. The itemized statement of account should show the charges made for transportation. Failure to itemize charges may result in delay or payment of a lesser amount.

7. SERVICE RECORD - The original or certified copy of the veteran's service separation document (DD214 or equivalent) which contains information as to the length, time, and character of service will permit prompt processing.

8. TOLL-FREE TELEPHONE ASSISTANCE - You can call us toll-free within the U.S. by dialing 1-800-827-1000. If you are located in the local dialing area of a VA regional office, you can also call us by checking your local telephone directory. For the hearing impaired, our TDD number is 711.

9. WHERE DO I MAIL MY COMPLETED APPLICATION? - You should mail your application to the VA regional office located in your state. You can obtain the mailing address for VA regional offices by accessing the VA Internet web site at [www.va.gov/directory](http://www.va.gov/directory). The address is also located in the government pages of your telephone book under "United States Government, Veterans."



## APPLICATION FOR BURIAL BENEFITS (Under 38 U.S.C. Chapter 23)

**IMPORTANT - Read instructions carefully before completing form. YOUR COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY. Type or print all information.**

(DO NOT WRITE IN THIS SPACE)  
 (VA DATE STAMP)

**NOTE:** You can *either* complete the form online or by hand. Please print information using blue or black ink, neatly, and legibly to help process the form.

### SECTION I - PERSONAL INFORMATION

1. VETERAN'S NAME (First, Middle Initial, Last)

2. SOCIAL SECURITY NUMBER

-                      -

3. VA FILE NUMBER (If Applicable)

### SECTION II - CLAIMANT'S INFORMATION

4. CLAIMANT'S NAME (First, middle initial, last)

5. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. &  
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

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6. TELEPHONE NUMBER (Include Area Code)

-                      -

7. E-MAIL ADDRESS

Enter International Phone Number  
 (If applicable)

8. RELATIONSHIP OF CLAIMANT TO DECEASED VETERAN (Check one)

- SPOUSE                     
  PARENT                     
  EXECUTOR/ADMINISTRATOR OF ESTATE OR  
 PERSON ACTING FOR THE ESTATE  
 CHILD                             
  OTHER (Specify)

### SECTION III - INFORMATION REGARDING VETERAN

9A. DATE OF BIRTH

Month                      Day                      Year

9B. PLACE OF BIRTH

10A. DATE OF DEATH

Month                      Day                      Year

10B. PLACE OF DEATH

10C. DATE OF BURIAL

Month                      Day                      Year

### SERVICE INFORMATION *(The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)*

11A. ENTERED SERVICE		11B. SERVICE NUMBER	11C. SEPARATED FROM SERVICE		11D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE (MMDDYYYY)	PLACE		DATE MMDDYYYY)	PLACE	

12A. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

12B. PROVIDE SERVICE RENDERED UNDER THE NAME IN ITEM 12A

**SECTION IV - CLAIM FOR BURIAL ALLOWANCE**

<p>13A. TYPE OF BURIAL ALLOWANCE REQUESTED (Check one)</p> <p><input type="radio"/> NON-SERVICE CONNECTED DEATH</p> <p><input type="radio"/> SERVICE-CONNECTED DEATH</p> <p><input type="radio"/> VA MEDICAL CENTER DEATH (See instructions for definition)</p> <p>(If VA Medical Center Death is checked, provide actual burial cost) \$</p>	<p>13B. WHERE DID THE VETERAN'S DEATH OCCUR? (Check one)</p> <p><input type="radio"/> VA MEDICAL CENTER    <input type="radio"/> STATE VETERANS HOME</p> <p><input type="radio"/> NURSING HOME UNDER VA CONTRACT</p> <p><input type="radio"/> OTHER (Specify)</p>
<p>14. IF YOU ARE THE DECEASED VETERAN'S SPOUSE, DID YOU PREVIOUSLY RECEIVE A VA BURIAL ALLOWANCE?</p> <p><input type="radio"/> YES    <input type="radio"/> NO</p>	
<p>15A. DID YOU INCUR EXPENSES FOR THE VETERAN'S BURIAL?</p> <p><input type="radio"/> YES    <input type="radio"/> NO</p>	
<p>15B. ARE YOU SEEKING BURIAL BENEFITS FOR THE UNCLAIMED REMAINS OF A VETERAN?</p> <p><input type="radio"/> YES    <input type="radio"/> NO</p>	

**SECTION V - CLAIM FOR PLOT OR INTERMENT ALLOWANCE**

<p>16. PLACE OF BURIAL OR LOCATION OF DECEASED VETERAN'S REMAINS (Specify)</p>	
<p>17A. DID YOU INCUR EXPENSES FOR THE VETERAN'S PLOT OR INTERMENT?</p> <p><input type="radio"/> YES    <input type="radio"/> NO</p>	<p>17B. WAS VETERAN BURIED IN A NATIONAL CEMETERY, OR ONE OWNED BY THE FEDERAL GOVERNMENT?</p> <p><input type="radio"/> YES    <input type="radio"/> NO</p>
<p>17C. WAS THE VETERAN BURIED IN A STATE VETERANS CEMETERY?</p> <p><input type="radio"/> YES    <input type="radio"/> NO</p>	
<p>18A. DID A FEDERAL/STATE GOVERNMENT OR THE VETERAN'S EMPLOYER CONTRIBUTE TO THE BURIAL?</p> <p><input type="radio"/> YES    <input type="radio"/> NO    (If "Yes," complete Item 18B)</p>	<p>18B. AMOUNT OF GOVERNMENT OR EMPLOYER CONTRIBUTION</p> <p>\$</p>

**SECTION VI - CLAIM FOR TRANSPORTATION REIMBURSEMENT**

<p>19. EXPENSES INCURRED FOR THE TRANSPORTATION OF THE VETERAN'S REMAINS FROM THE PLACE OF DEATH TO THE FINAL RESTING PLACE (Attach itemized receipts)</p> <p>\$</p>
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**SECTION VII - CERTIFICATION AND SIGNATURE**

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

<p>20A. SIGNATURE OF CLAIMANT (Sign in ink) (If signed using an "X", complete Items 22A thru 23B) (If signing for firm, corporation, or State agency, complete Items 20B thru 21)</p>	<p>20B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY (Please sign in ink)</p>
<p>20C. DATE SIGNED</p> <p>Month      Day      Year</p>	<p>21. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT</p>

**WITNESS TO SIGNATURE IF MADE BY "X"**

NOTE - If claimant signed above using an "X", signature must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

<p>22A. SIGNATURE OF WITNESS (Sign in ink)</p>	<p>22B. ADDRESS OF WITNESS</p>
<p>23A. SIGNATURE OF WITNESS (Sign in ink.)</p>	<p>23B. ADDRESS OF WITNESS</p>

**DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS**

The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals may include any veterans with an other than dishonorable discharge who dies after service or any servicemember who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals in a national or post cemetery are furnished automatically without request from the family.

For additional information on burial benefits go to the web site, [www.cem.va.gov/bbene\\_burial.asp](http://www.cem.va.gov/bbene_burial.asp). To obtain VA Form 40-1330, Application for Standard Government Headstone or Marker go to [www.va.gov/vaforms](http://www.va.gov/vaforms) or contact your local VA regional office. The address of that office can be found at to [www.va.gov/directory](http://www.va.gov/directory).

**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.