

## CLAIM FOR GOVERNMENT MEDALLION FOR PLACEMENT IN A PRIVATE CEMETERY

**IMPORTANT:** Please read the General Information Sheet before completing this claim. Type or print clearly all information except for signatures. Illegible printing could result in incorrect delivery of the medallion. Unless indicated otherwise all other blocks must be completed. **MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION ARE REQUIRED.**

1. NAME OF DECEASED VETERAN				2. GRAVE IS:	
FIRST <i>(Or Initial)</i>	MIDDLE <i>(Or Initial)</i>	LAST	SUFFIX	<input type="checkbox"/> CURRENTLY MARKED <i>(with privately purchased marker)</i>	
				<input type="checkbox"/> NOT MARKED	

VETERAN'S SERVICE AND IDENTIFYING INFORMATION *(Use numbers only, e.g., 05-15-1941)*

3. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO.  SSN: _____ SVC. NO.: _____			PERIODS OF ACTIVE MILITARY DUTY					
			5A. DATE(S) ENTERED			5B. DATE(S) SEPARATED		
			MONTH	DAY	YEAR	MONTH	DAY	YEAR
4A. DATE OF BIRTH			4B. DATE OF DEATH					
MONTH	DAY	YEAR	MONTH	DAY	YEAR			

6. BRANCH OF SERVICE (BOS) <i>(Check applicable box(es))</i> <b>NOTE:</b> <i>If one BOS is selected, it will be spelled out on the medallion, i.e. U.S. ARMY, U.S. AIR FORCE, etc. If more than one BOS is selected, they will be abbreviated on the medallion, i.e. USA, USAF, USN, USMC, USCG, etc.</i>				7. MEDALLION SIZE REQUESTED <i>(Check one) (Refer to instructions for exact sizes)</i>	
<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> MERCHANT MARINE	<input type="checkbox"/> 5 INCH (M5)	
<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> ARMY AIR FORCES (WW II)	<input type="checkbox"/> OTHER (USAAC, WAAC, etc.) <i>(Specify)</i> _____	<input type="checkbox"/> 3 INCH (M3)	
				<input type="checkbox"/> 1-1/2 INCH (M1)	

8. NAME AND MAILING ADDRESS OF APPLICANT <i>(No., Street, City, State, and ZIP Code)</i>	9. ARE YOU:	10. DAYTIME PHONE NO. OF APPLICANT
	<input type="checkbox"/> NEXT OF KIN <i>(Specify Relationship)</i> _____  <input type="checkbox"/> AUTHORIZED REPRESENTATIVE ON BEHALF OF DECEDENT <i>(Include Written Authorization)</i>  <input type="checkbox"/> AUTHORIZED REPRESENTATIVE ON BEHALF OF NEXT OF KIN <i>(Include Written Authorization)</i>	11. E-MAIL ADDRESS <i>(Optional)</i>

**CERTIFICATION:** By signing below I certify the medallion will be affixed to a privately purchased headstone or marker in the cemetery listed in Block 15 at no expense to the Government, and that I (or the party listed in Block 13) have agreed to accept delivery, and all information entered on this claim is true and correct to the best of my knowledge. I also certify, to the best of my knowledge, that the decedent has never committed a serious crime, such as murder or other offense that could have resulted in imprisonment for life, has never been convicted of a serious crime, and has never been convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.

**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 or for the fraudulent acceptance of any benefit to which you are not entitled.

12A. SIGNATURE OF APPLICANT	12B. DATE <i>(MM DD YYYY)</i>
13. NAME AND DELIVERY ADDRESS FOR MEDALLION <i>(No., Street, City, State, and ZIP Code); (If same as applicant, please enter SAME)</i>	14. DAYTIME PHONE NO. <i>(Include Area Code)</i>
15. NAME AND ADDRESS OF CEMETERY WHERE PRIVATELY PURCHASED HEADSTONE OR MARKER OF THE DECEASED VETERAN IS LOCATED <i>(No., Street, City, State, and ZIP Code)</i>	

## GENERAL INFORMATION SHEET

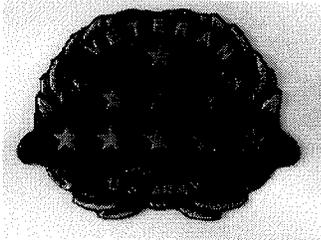
### CLAIM FOR GOVERNMENT MEDALLION FOR PLACEMENT IN A PRIVATE CEMETERY

**RESPONDENT BURDEN** - Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. VA cannot conduct or sponsor a collection of information unless it has a valid OMB number. Your obligation to respond is voluntary, however, your response is required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send applications for benefits to this address.

**BENEFIT PROVIDED - MEDALLION (Only for Veterans who died on or after November 1, 1990)**

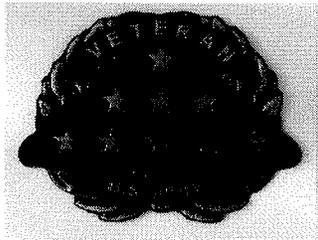
Furnished upon receipt of claim for affixing to an existing privately-purchased headstone or marker placed at the gravesite of an eligible deceased Veteran who is buried in a private cemetery. The medallion is made of bronze and available in three approximate sizes: 5 inches, 3 inches, and 1-1/2 inches. Each medallion is inscribed with the word VETERAN across the top and the Branch of Service at the bottom (*see Note in Block 6 of the claim for further information*). Eligible Veterans may receive a Government furnished headstone or marker, or a medallion, but not both. *If requesting a headstone or marker, please use the VA Form 40-1330.*

Shown below are the three medallions with the maximum dimensions for height and length.



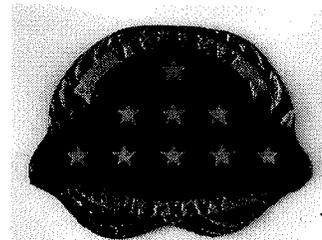
**Five inch Medallion**

**Dimensions: 6 1/2" W, 4 3/4" H, 1/2" D**



**Three inch Medallion**

**Dimensions: 3 3/4" W, 2 3/4" H, 1/4" D**



**One-and-one-half inch Medallion**

**Dimensions: 2" W, 1 1/2" H, 1/4" D**

**WHO IS ELIGIBLE** - Any member of the Armed Forces of the United States who dies on active duty and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker. Any deceased Veteran discharged under honorable conditions, who died on or after November 1, 1990, and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker. A deceased Veteran discharged under conditions other than honorable, who died on or after November 1, 1990, and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker, may also be eligible. A copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing qualifying military service must be attached. **Do not send original documents;** they will not be returned. **Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty.** Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; a copy of the Reserve Retirement Eligibility Benefits Letter must accompany the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible.

**WHO CAN APPLY** - Federal regulation defines "applicant" as the decedent's Next of Kin (NOK); a person authorized in writing by the NOK; or a personal representative authorized in writing by the decedent. Written authorization must be included with claim. A notarized statement is not required.

#### HOW TO SUBMIT A CLAIM

FAX claims and supporting documents to: **1-800-455-7143.**

**IMPORTANT:** If faxing more than one claim - fax each claim package (*claim plus supporting documents*) individually (*disconnect the call and redial for each submission*).

MAIL claims to: **Memorial Programs Service (41B)  
Department of Veterans Affairs  
5109 Russell Road  
Quantico, VA 22134-3903**

*A VA medallion may be furnished only upon receipt of a fully completed and signed claim with required supporting documentation.*

**SIGNATURES REQUIRED** - The applicant must sign in Block 12A. The applicant must be the Next of Kin or an authorized representative of the decedent or the Next of Kin.

**ASSISTANCE NEEDED** - If assistance is needed to complete this claim, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or via e-mail at [mps.headstones@va.gov](mailto:mps.headstones@va.gov). No fee should be paid in connection with the preparation of this claim. For more information regarding medallion eligibility, affixing procedures, and sizes, visit our website at [www.cem.va.gov](http://www.cem.va.gov).

**DELIVERY** - The medallion is shipped without charge to the name/address designated in Block 13 of the claim. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Appropriate affixing adhesives, hardware and instructions are provided with the medallion.

**CAUTION** - *To avoid delays in the production and delivery of the medallion, please check carefully to be sure you have accurately furnished all required information and documents before faxing or mailing the claim. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Medallions furnished remain the property of the United States Government and may not be used for any purpose other than to be affixed to the privately purchased headstone or marker of an eligible deceased Veteran buried in a private cemetery.*

**DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.**