

# GENERAL INFORMATION SHEET

## APPLICATION FOR STANDARD GOVERNMENT HEADSTONE OR MARKER FOR INSTALLATION IN A PRIVATE CEMETERY OR A STATE VETERANS' CEMETERY

**RESPONDENT BURDEN** - Public reporting burden for this collection of information is estimated to average one-fourth hour 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. 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 (005E3), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send applications for benefits to this address.

### BENEFIT PROVIDED

#### a. HEADSTONE OR MARKER

For deaths occurring on or after September 11, 2001 - Furnished upon application for the grave of any eligible deceased veteran. Will be provided regardless of whether or not the grave is already marked with a privately purchased headstone or marker. Applicant may be anyone having knowledge of the deceased.

For deaths occurring before September 11, 2001 - Furnished upon application for the **UNMARKED GRAVE** of any eligible deceased veteran. The individual must certify the grave is **unmarked** and a Government headstone or marker is preferred to a privately purchased headstone or marker. **A grave is considered marked if a monument displays the decedent's name and date of birth and/or death, even though the veteran's military data is not shown.** Applicant may be anyone having knowledge of the deceased.

**b. MEMORIAL HEADSTONE OR MARKER** - Furnished upon application **for installation in a cemetery only** to commemorate any eligible veteran whose remains have not been recovered or identified, were buried at sea, donated to science, or cremated and the remains scattered; may not be used as a memento. Check box in block 28 and explain in block 27. Applicant may be anyone having knowledge of the deceased.

**WHO IS ELIGIBLE** - Any deceased veteran discharged under conditions other than dishonorable. A copy of the deceased veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing 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 application. Reservists called to active duty and National Guard members who are Federalized and who serve for the period called are eligible. Service prior to World War I requires detailed documentation, e.g., muster rolls, extracts from State files, military or State organization where served, pension or land warrant, etc.

### HOW TO APPLY

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

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

**MAIL** applications to: **Memorial Programs Service (41A1)**  
**Department of Veterans Affairs**  
**5109 Russell Road**  
**Quantico, VA 22134-3903**

*A Government headstone or marker may be furnished only upon receipt of a fully completed and signed application with required supporting documentation.*

**SIGNATURES REQUIRED** - The person responsible for the information on this form signs in block 17; the person agreeing to accept delivery (consignee) in block 22, and the cemetery or other responsible official in block 24. If there is no official on duty at the cemetery, the signature of the person responsible for the property listed in block 21 is required. Entries of "None," "Not Applicable," or "NA" cannot be accepted. State Veterans' Cemeteries are not required to complete blocks 17, 18, 22 and 23.

**ASSISTANCE NEEDED** - If assistance is needed to complete this application, contact the nearest VA Regional Office, national cemetery, or a local veterans' organization. No fee should be paid in connection with the preparation of this application. Use block 27 for any clarification or other information you wish to provide. Should you have questions when filling out this form, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or via e-mail at [mpps.headstones@va.gov](mailto:mpps.headstones@va.gov) For more information regarding headstones and markers visit our website at [www.cem.va.gov](http://www.cem.va.gov).

**INSTALLATION** - The Government is not responsible for costs to install the headstone or marker in private cemeteries.

**TRANSPORTATION AND DELIVERY OF MARKER** - The headstone or marker is shipped without charge to the consignee designated in block 19 of the application. **The delivery will not be made to a Post Office box.** The consignee should be a business with full delivery address and telephone number. If the consignee is not a business explain fully in block 27. For delivery to a Rural Route address, you must include a daytime telephone number including area code in block 20. If you fail to include the required address and telephone number information, we cannot deliver the marker.

**CAUTION** - *To avoid delays in the production and delivery of the headstone or marker, please check carefully to be sure you have accurately furnished all required information before faxing or mailing the application. Mistakes cannot be corrected after a headstone or marker has been ordered. Headstones or markers furnished remain the property of the United States Government and may not be used for any purpose other than to honor the memory of the decedent for whom the headstone or marker is issued.*

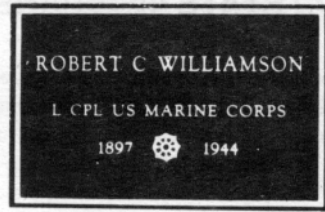
**DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.**

# ILLUSTRATIONS OF STANDARD GOVERNMENT HEADSTONES AND MARKERS

**UPRIGHT HEADSTONE  
WHITE MARBLE OR  
LIGHT GRAY GRANITE**

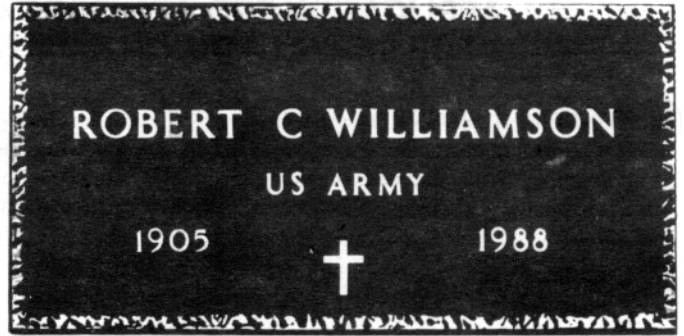


**BRONZE NICHE**



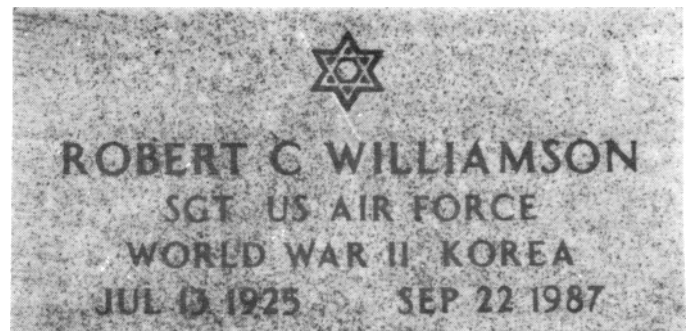
This niche marker is 8-1/2 inches long, 5-1/2 inches wide, with 7/16 inch rise. Weight is approximately 3 pounds; mounting bolts and washers are furnished with the marker. For use if entombment is in a columbarium or mausoleum, or to supplement a private monument, for deaths occurring on or after September 11, 2001.

**FLAT MARKERS  
BRONZE**



This grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The base is not furnished by the Government.

**LIGHT GRAY GRANITE OR WHITE MARBLE**



This grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining.

This headstone is 42 inches long, 13 inches wide and 4 inches thick. Weight is approximately 230 pounds. Variations may occur in stone color, and the marble may contain light to moderate veining.

**NOTE:** Civil War Era headstones - In addition to the headstone and markers pictured, two special styles of upright headstones are available for those who served with Union Forces during the Civil War or for those who served in the Spanish-American War, and another for those who served with the Confederate States of America during the Civil War. Requests for these special styles should be made in block 27 of the application. It is necessary to submit detailed documentation that supports eligibility.

## INSCRIPTION INFORMATION

**MANDATORY ITEMS** of inscription at Government expense are: Legal Name, Branch of Service, Year of Birth, and Year of Death. Branches of Service are: U.S. Army (USA), U.S. Navy (USN), U.S. Air Force (USAF), U.S. Marine Corps (USMC), U.S. Coast Guard (USCG), and by exception, U.S. Army Air Forces (USAAF), and other parent organizations authorized for certain periods of time and special units such as Women's Army Auxiliary Corps (WAAC), Women's Air Force Service Pilots (WASP), U.S. Public Health Service (USPHS), and National Oceanic & Atmospheric Administration (NOAA). Different examples of inscription formats are illustrated above. More than one branch of service is permitted, subject to space availability.

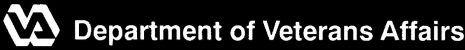
**OPTIONAL ITEMS** are identified on the application in boxes with bold outlines. These items may be included at Government expense if desired. Optional items include month and day of birth in block 5A, month and day of death in block 5B, highest rank attained in block 7, awards in block 9, war service in block 10, and emblem of belief in block 12. War service includes active duty service during a recognized period of war and the individual does not have to serve in the actual place of war, i.e. Vietnam may be inscribed if the veteran served during the Vietnam War period, even though the individual never served in Vietnam itself. Supporting documentation must be included with the application if you wish to include the highest rank and/or awards.

**RESERVED SPACE** for future inscriptions at private expense, such as spousal or dependent data, is allowed if requested in block 27 and if space is available. Only two lines of space may be reserved on flat markers due to space limitations. Reserved space is unnecessary on upright marble or granite headstones as the reverse side is available for future inscriptions.

**MEMORIAL HEADSTONES AND MARKERS** (remains are not buried). The words "In Memory Of" are mandatory and precede the authorized inscription data. The words "In Memory Of" are not inscribed when remains are buried.

**ADDITIONAL ITEMS** may be inscribed at government expense if they are requested on the initial application and space is available. Examples of acceptable items include terms of endearment, nicknames (in expressions such as "OUR BELOVED POPPY"), military or civilian credentials or accomplishments such as DOCTOR, REVEREND, etc., and special unit designations such as WOMEN'S ARMY CORPS, ARMY AIR CORPS, ARMY NURSE CORPS or SEABEES. All requests for additional inscription items should be stated in block 27, and are subject to VA approval. No graphics, emblems or pictures are permitted except VA approved emblems of belief, the Medal of Honor, and the Southern Cross of Honor for Civil War Confederate Veterans.

**INCOMPLETE OR INACCURATE INFORMATION ON THE APPLICATION MAY RESULT IN ITS RETURN TO THE APPLICANT, A DELAY IN RECEIPT OF THE HEADSTONE OR MARKER, OR AN INCORRECT INSCRIPTION.**



**IMPORTANT:** Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. *Blocks outlined in bold are optional inscription items. Unless indicated otherwise all other blocks must be completed. **MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION IS REQUIRED.***

1. TYPE OF REQUEST

INITIAL (First time) REQUEST

SECOND REQUEST

CORRECTED APPLICATION OR REPLACEMENT

|   |                     |      |        |  |                                     |
|---|---------------------|------|--------|--|-------------------------------------|
| 2. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (NO NICKNAMES OR TITLES PERMITTED) |                     |      |        | 3. GRAVE IS:   |                                     |
| FIRST (Or Initial)  | MIDDLE (Or Initial) | LAST | SUFFIX | <input type="checkbox"/> CURRENTLY MARKED<br>(with privately purchased marker) | <input type="checkbox"/> NOT MARKED |

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

|  |     |      |   |     |      |                       |     |      |
|--|-----|------|---|-----|------|-----------------------|-----|------|
| 4. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO. (Failure to complete will delay processing.) |     |      | PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27) |     |      |                       |     |      |
|  |     |      | 6A. DATE(S) ENTERED   |     |      | 6B. DATE(S) SEPARATED |     |      |
|  |     |      | MONTH   | DAY | YEAR | MONTH                 | DAY | YEAR |
| 5A. DATE OF BIRTH  |     |      | 5B. DATE OF DEATH   |     |      |                       |     |      |
| MONTH  | DAY | YEAR | MONTH   | DAY | YEAR |                       |     |      |
|  |     |      |   |     |      |                       |     |      |

|  |  |   |                          |                          |                          |                          |                          |                          |                          |
|--|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. HIGHEST RANK ATTAINED (No pay grades) |  | 8. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 7) |                          |                          |                          |                          |                          |                          |                          |
|  |  | ARMY  | NAVY                     | MARINE CORPS             | COAST GUARD              | AIR FORCE                | ARMY AIR FORCES          | MERCHANT MARINE          | OTHER (Specify)          |
|  |  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                          |                          |                          |                          |  |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided) |                          |                          |                          |                          | 10. WAR SERVICE (Check applicable box(es)) |                          |                          |                          |                          |                          |                          |                          |
| MEDAL OF HONOR   | DST SVC CROSS            | NAVY CROSS               | AIR FORCE CROSS          | SILVER STAR              | BRONZE STAR MEDAL                          | PURPLE HEART             | OTHER (Specify)          | WORLD WAR II             | KOREA                    | VIETNAM                  | PERSIAN GULF             | OTHER (Specify)          |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                            |                            |                            |                            |                            |                              |  |  |  |  |  |  |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|--|--|--|--|--|--|
| 11. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one) |                            |                            |                            |                            |                            | 12. DESIRED EMBLEM OF BELIEF |  |  |  |  |  |  |
| FLAT BRONZE   | FLAT GRANITE               | UPRIGHT MARBLE             | FLAT MARBLE                | BRONZE STAR NICHE          | UPRIGHT GRANITE            | NONE                         | EMBLEM NUMBER (Specify) (See reverse side of this form for authorized emblems) |  |  |  |  |  |
| <input type="checkbox"/> B                            | <input type="checkbox"/> G | <input type="checkbox"/> U | <input type="checkbox"/> F | <input type="checkbox"/> Z | <input type="checkbox"/> V | <input type="checkbox"/>     | <input type="checkbox"/> _____   |  |  |  |  |  |

|  |  |  |  |  |  |   |   |  |  |
|--|--|--|--|--|--|---|---|--|--|
| 13A. NAME AND MAILING ADDRESS (No., Street, City, State, and ZIP Code) OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION |  |  | 13B. DAYTIME PHONE NO. OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION |  |  | 16. ARE YOU:                              |   |  |  |
|  |  |  |  |  |  | <input type="checkbox"/> NEXT OF KIN      | <input type="checkbox"/> VETERANS SERVICE OFFICER |  |  |
|  |  |  | 14. E-MAIL ADDRESS (Optional)  |  |  | <input type="checkbox"/> FUNERAL DIRECTOR | <input type="checkbox"/> CEMETERY OFFICIAL        |  |  |
|  |  |  | 15. FAX NO. (Optional)   |  |  | <input type="checkbox"/> OTHER (Specify)  |   |  |  |

**CERTIFICATION:** By signing below I certify the headstone or marker will be installed in the cemetery listed in block 21 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge.

|  |  |   |  |
|--|--|---|--|
| 17. SIGNATURE OF PERSON WHOSE NAME APPEARS IN BLOCK 13A  |  | 18. DATE (MM/DD/YYYY)   |  |
|  |  |   |  |
| 19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State and ZIP Code); <b>P.O. BOX IS NOT ACCEPTABLE</b> |  | 20. DAYTIME PHONE NO. (Include Area Code)   |  |
|  |  |   |  |
|  |  | 21. NAME AND ADDRESS OF CEMETERY WHERE GRAVE IS LOCATED (No., Street, City, State and ZIP Code) |  |
|  |  |   |  |

**CERTIFICATION:** By signing below I agree to accept prepaid delivery of the headstone or marker.

|  |  |                       |  |
|--|--|-----------------------|--|
| 22. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 19 |  | 23. DATE (MM/DD/YYYY) |  |
|  |  |                       |  |

**CERTIFICATION:** By signing below I certify the type of headstone or marker checked in block 11 is permitted in the cemetery named in block 21.

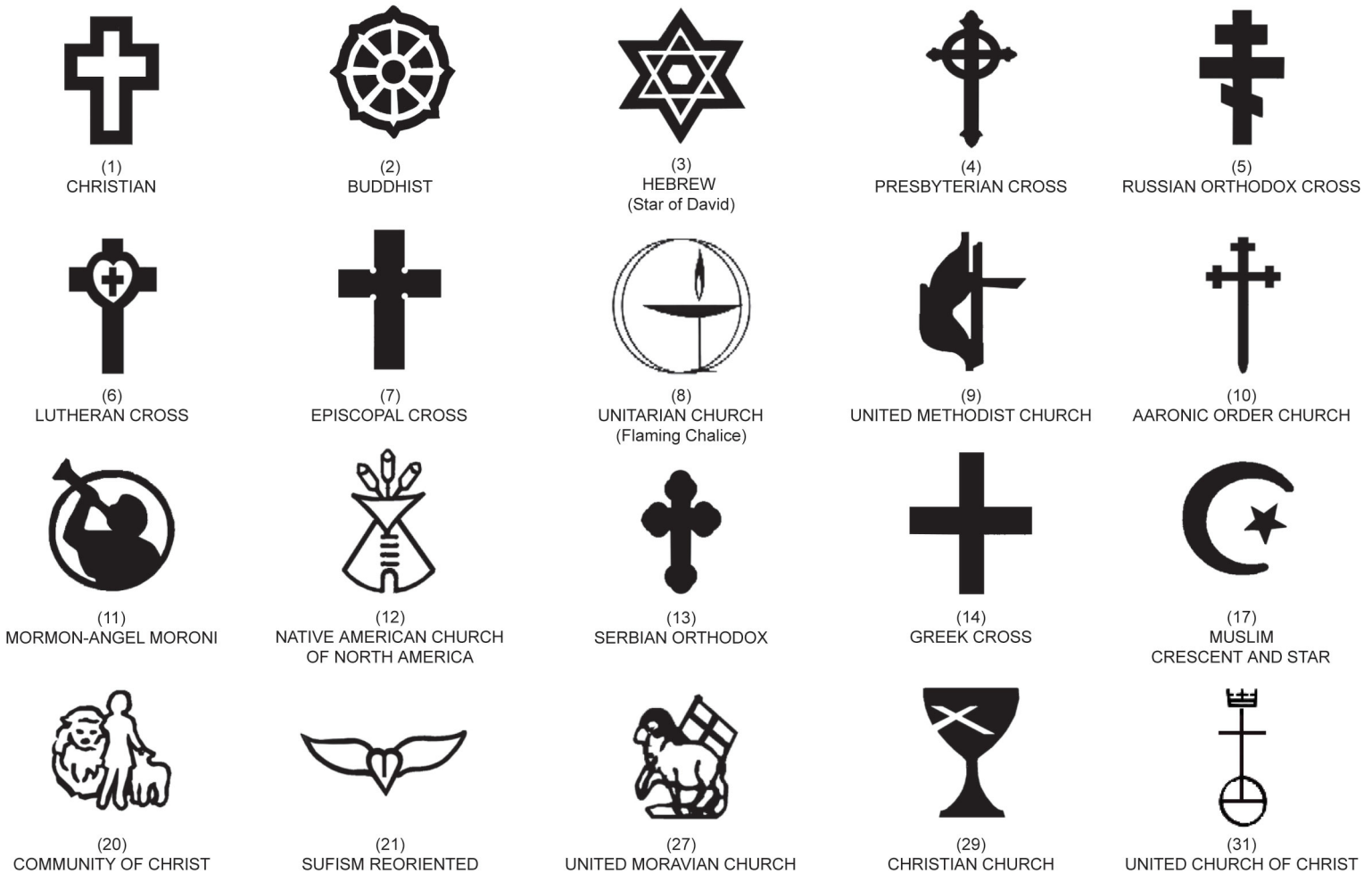
|  |  |   |  |                       |  |
|--|--|---|--|-----------------------|--|
| 24. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL |  | 25. DAYTIME PHONE NO. (Include Area Code) |  | 26. DATE (MM/DD/YYYY) |  |
|  |  |   |  |                       |  |

|  |  |  |  |
|--|--|--|--|
| 27. REMARKS (Optional inscription space will vary in size according to the type of marker) |  | 28. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27 (e.g., lost at sea, remains scattered, etc.) |  |
|  |  | <input type="checkbox"/> REMAINS NOT BURIED  |  |

STATE VETERANS' CEMETERY AND GRAVE LOCATION (Cemetery Use Only)

|             |  |             |  |               |  |
|-------------|--|-------------|--|---------------|--|
| 29. ID CODE |  | 30. SECTION |  | 31. GRAVE NO. |  |
|             |  |             |  |               |  |

## AUTHORIZED EMBLEMS (See block 12)



### EMBLEMS OF BELIEF AVAILABLE:

- |  |   |
|--|---|
| <p>CHRISTIAN CROSS (01)<br/>           BUDDHIST (Wheel of Righteousness) (02)<br/>           HEBREW (Star of David) (03)<br/>           PRESBYTERIAN CROSS (04)<br/>           RUSSIAN ORTHODOX CROSS (05)<br/>           LUTHERAN CROSS (06)<br/>           EPISCOPAL CROSS (07)<br/>           UNITARIAN CHURCH (Flaming Chalice) (08)<br/>           UNITED METHODIST CHURCH (09)<br/>           AARONIC ORDER CHURCH (10)<br/>           MORMON (Angel Moroni) (11)<br/>           NATIVE AMERICAN CHURCH OF NORTH AMERICA (12)<br/>           SERBIAN ORTHODOX (13)<br/>           GREEK CROSS (14)<br/>           BAHAI (9 Pointed Star) (15)<br/>           ATHEIST (16)<br/>           MUSLIM (Crescent and Star) (17)<br/>           HINDU (18)<br/>           KONKO-KYO FAITH (19)</p> | <p>COMMUNITY OF CHRIST (20)<br/>           SUFISM REORIENTED (21)<br/>           TENRIKYO CHURCH (22)<br/>           SIECHO-NO-IE (23)<br/>           THE CHURCH OF WORLD MESSIANITY (Izunome) (24)<br/>           UNITED CHURCH OF RELIGIOUS SCIENCE (25)<br/>           CHRISTIAN REFORMED CHURCH (26)<br/>           UNITED MORAVIAN CHURCH (27)<br/>           ECKANKAR (28)<br/>           CHRISTIAN CHURCH (29)<br/>           CHRISTIAN &amp; MISSIONARY ALLIANCE (30)<br/>           UNITED CHURCH OF CHRIST (31)<br/>           HUMANIST EMBLEM OF SPIRIT (32)<br/>           PRESBYTERIAN CHURCH (USA) (33)<br/>           IZUMO TAISHAKYO MISSION OF HAWAII (34)<br/>           SOKA GAKKAI INTERNATIONAL - USA (35)<br/>           SIKH (KHANDA) (36)<br/>           CHRISTIAN SCIENCE (Cross &amp; Crown) (97)<br/>           MUSLIM (Islamic 5 Pointed Star) (98)</p> |
|--|---|

Please visit our website at [www.cem.va.gov](http://www.cem.va.gov) to view all currently available Emblems of Belief. You may also request copies of this list by contacting 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).