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
Ouantico, 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. 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.

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.

Form approved, OMB No. 2900-0222 Expiration Date: Feb. 18, 2017 Respondent Burden: 15 minutes

Department of Veterans Affairs

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Illegible p	rinting could	d result in inco	orrect deliver	y of the m	t before comple edallion. Unle E INFORMA	ss indicated of	otherwise	all oth					
			OF DECEAS	CEASED VETERAN					2. GRAVE IS:				
FIRST (Or Initial)		MIDD	DLE (Or Initial)	LA			SUFFIX			CURRENTLY MARKED (with privately purchased marker)			
										NOT MARKED			
3 VETERAN	J'S SOCIAL SI				IDENTIFYING	INFORMATI T			s only, e.g., S OF ACT			DUTY	
3. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO.				0.		5A. DATE(S) ENTERED				5B. DATE(S) SEPARATED			
SSN: SVC. NO.:						MONTH				MONTH DAY		YEAR	
4.4	A. DATE OF B	IRTH	4B.	DATE OF D	EATH								
MONTH	DAY	YEAR	MONTH	DAY	YEAR								
6. BRANCH	OF SERVICE	(BOS) (Check a	pplicable box(es)) NOTE: If	one BOS is selecte	d, it will be spell	ed out on the	e medal	lion, i.e. U.S.	ARMY,		 ALLION SIZE F	
											k one) (Refer to act sizes)	instructions	
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_	_	_	_		OTHER (HEAAC							3 INCH (M3)	
NAVY AIR FORCE ARMY AIR FORCES (WW II) OTHER (USAAC, WAAC, etc.) (Specify) 1-1/2										1-1/2 INCH (M1)		
8. NAME AND MAILING ADDRESS OF APPLICANT 9. ARE YOU:										10. DA`	YTIME P	HONE NO. OF	APPLICANT
(No., Street, City, State, and ZIP Code) NEXT OF KIN													
					(Specify Relationship)								
					AUTHORIZED REPRESENTATIVE ON BEHALF OF					11 F MAIL ADDDESS (Ordinari)			
					DECEDENT (Include Written Authorization)					11. E-MAIL ADDRESS (Optional)			
					AUTHORIZED REPRESENTATIVE ON BEHALF OF NEXT OF KIN (Include Written Authorization)								
CEDTIEI	CATION.	Du signing ha	low Loortifu	the model	ion will be affi	ivad to a priv	otoly pure	hogod	handstone	or mar	kar in th	na aamataru li	istad in Plank
					listed in Block								
true and co	orrect to the	best of my kn	owledge. I a	lso certify,	to the best of	my knowledg	ge, that the	e dece	dent has n	ever cor	nmitted	a serious crii	me, such as
					ment for life, l		en convict	ed of	a serious c	rime, an	d has n	ever been cor	rvicted of a
sexual offe	ense for whi	ch he or she w	as sentenceo	to a minir	num of life imp	prisonment.							
PENALT	Y: The law	provides seve	ere penalties,	which incl	ude fine or imp	orisonment, o	or both, fo	r the v	villful sub	mission	of any s	statement or e	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							2B. DATE	MM/D	D/YYYY)				
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13. NAME AND DELIVERY ADDRESS FOR MEDALLION (No., Street, City, State, and ZIP Code); (If same as					YTIME PHONE I clude Area Code)	NO. 1	15. NAME AND ADDRESS OF CEMETERY WHERE PRIVATELY PURCHASED HEADSTONE OR MARKER OF THE DECEASED VETE						
applican	t, please enter S	AME)					IS LOC	ATED (No., Street, C	ity, State,	and ZIP (Code)	