

**APPLICATION FOR REIMBURSEMENT  
INSTALLATION OF VETERAN'S FEDERAL  
MARKER**

**DVA-VA-60506**

**(Rev. 06/94)**

**STATE OF CONNECTICUT  
DEPARTMENT OF VETERANS' AFFAIRS  
BILLING OFFICE  
287 WEST STREET  
ROCKY HILL, CT 06067**

**INSTRUCTIONS:**

Complete and return this application to above address along with documented proof of veterans military dates of service, and place of discharge. Any omissions in this form may cause delays or denial of claim.

1. Funeral Home \_\_\_\_\_ 2. Phone \_\_\_\_\_

3. Type of Stone (Check One) Flush Marker  Upright Headstone  Bronze Plaque

**VETERAN INFORMATION**

4. Name: \_\_\_\_\_ 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 No. \_\_\_\_\_

**CEMETERY INFORMATION**

**NEXT OF KIN INFORMATION**

14. Name \_\_\_\_\_

20. Name \_\_\_\_\_

15. Street \_\_\_\_\_

21. Street \_\_\_\_\_

16. City \_\_\_\_\_

22. City \_\_\_\_\_

17. State \_\_\_\_\_ 18. Zip \_\_\_\_\_

23. State \_\_\_\_\_ 24. Zip \_\_\_\_\_

19. Phone \_\_\_\_\_

25. Phone \_\_\_\_\_

**PAYEE INFORMATION (Person/Vendor to be reimbursed)**

26. Is the Next of Kin the Payee?  Yes, Omit Items 28-32  No, Complete Items 28-32

27. Is the cemetery the Payee?  Yes, Omit Items 28-32  No, Complete Items 28-32

28. Name \_\_\_\_\_

29. Street \_\_\_\_\_ 30. City \_\_\_\_\_

31. State \_\_\_\_\_ 32. Zip \_\_\_\_\_ 33. FEIN/SSN (required) \_\_\_\_\_

34. I hereby certify that, to the best of my knowledge, the information contained in this application is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_