



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 (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
			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	OTHER (Specify)
	<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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				WORLD WAR II	KOREA	VIETNAM	PERSIAN GULF
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				OTHER (Specify)			

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 <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMBLEM NUMBER (Specify) (See reverse side of this form for authorized emblems)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 <input type="checkbox"/> FUNERAL DIRECTOR <input type="checkbox"/> CEMETERY OFFICIAL <input type="checkbox"/> OTHER (Specify)
		14. E-MAIL ADDRESS (Optional)	
		15. FAX NO. (Optional)	

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); P.O. BOX IS NOT ACCEPTABLE	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.