



FUNERAL ARRANGEMENTS

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PRIVACY ACT INFORMATION: The information requested on this form is solicited under authority of Chapter 23 and 24, Title 38, United States Code, "Veterans' Benefits", and will be used to make funeral arrangements. It will not be used for any other purpose. Disclosure is voluntary. However, failure to furnish the information may result in a delay in burial. Failure to furnish this information will have no adverse effect on any other benefit to which you or the deceased may be entitled.

NAME OF DECEASED (<i>Last, First, Middle Initial</i>)	CLAIM NUMBER XC-	SOCIAL SECURITY NUMBER
PLACE OF DEATH	DATE OF DEATH	

NAME AND ADDRESS OF FUNERAL DIRECTOR TO WHOM REMAINS ARE TO BE RELEASED

PART I - COMPLETE WHEN GOVERNMENT TRANSPORTATION REQUESTED

METHOD OF SHIPMENT		DESTINATION		
<input type="checkbox"/> HEARSE	<input type="checkbox"/> AIR FREIGHT/AIR CARGO	FROM	TO	COST
<input type="checkbox"/> U. S. POSTAL SERVICE (<i>Cremated remains</i>)				\$
NAME, ADDRESS AND RELATIONSHIP OF ESCORT			NAME AND ADDRESS OF CONSIGNEE	

PART II - COMPLETE WHEN BURIAL IS DESIRED IN NATIONAL CEMETERY

DATE BURIAL DESIRED	WILL ATTEND GRAVE-SIDE SERVICES	NUMBER IN FUNERAL PARTY	MILITARY HONORS DESIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	MILITARY CHAPLAIN DESIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	GRAVESIDE DESIRED BY SPOUSE <input type="checkbox"/> NONE <input type="checkbox"/> SAME
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REMARKS

The following burial information was explained to me:

- It is my privilege to select a funeral director of my own choice.
- Government burial allowance is authorized not to exceed \$300.00 plus certain costs of transportation.
- A plot or interment allowance can be authorized not to exceed \$300.00 if burial is not in a National Cemetery.
- An amount not to exceed \$2000.00 is payable as a burial allowance in lieu of the basic \$300.00 and plot allowance if the veteran's death was from a service-connected disability.
- The burial and plot allowance may not be paid to the extent that they were paid by the deceased's employer or by a State agency or political subdivision of a State.

I have read and understand the foregoing statements. Arrangements made for disposition of the remains of the deceased are consistent with my wishes.

SIGNATURE OF NEAREST RELATIVE (<i>or Acting Authority</i>) AND RELATIONSHIP	ADDRESS	
SIGNATURE OF EMPLOYEE (<i>Witness</i>)	TITLE	DATE