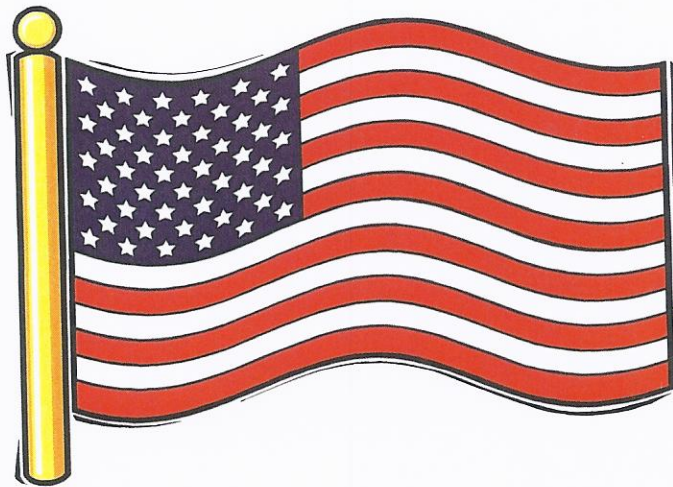


FAMILY DOCUMENTS WORKBOOK



**INFORMATION MY FAMILY WILL
NEED AT THE TIME OF MY DEATH**

By _____

Family Documents Workbook

Produced by
Ex-POW Advisory Committee
James A. Haley VA Hospital
Tampa, FL 33612

July 2003

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INFORMATION THAT WILL BE NEEDED UPON MY DEATH

BASIC INFORMATION

My full name is _____

Address _____

City _____ . State _____ Zip code _____

Phone number _____ . SS# _____

Occupation _____

Date of birth _____ . Place of birth _____

Your Fathers name _____

His birthplace _____

Your mother's maiden name _____

Her birthplace _____

Children's names _____

At my Death

Preferred Funeral home _____

Type of Casket _____

Burial Site _____

Memorial Type _____

Clergy Selection _____

Location of Service _____

Song selections _____

Military Service _____

Clothing for the deceased _____

Charitable Organizations _____

Type of flowers _____

Limousines needed _____

Obit for paper _____

Special religious service _____

Special wishes of the deceased _____

Names of Pall Bearers _____,

_____,

_____.

Place Copy of Birth Certificate Here

Place Copy of DD 214 or Other Discharge Papers Here

Place Copy of Marriage License Here

INSTRUCTIONS FOR COMPLETING APPLICATION FOR BURIAL BENEFITS (UNDER 38 U.S.C., CHAPTER 23)

IMPORTANT - READ THESE INSTRUCTIONS CAREFULLY

1. **RESPONDENT BURDEN:** Public reporting burden for this collection of information is estimated to average 20 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Clearance Officer (045A4), 810 Vermont Ave., NW, Washington, DC 20420. **SEND COMMENTS ONLY. DO NOT SEND THIS FORM OR REQUESTS FOR BENEFITS TO THIS ADDRESS.**

PRIVACY ACT INFORMATION: The responses you submit are considered confidential, (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

2. GENERAL

a. **BURIAL ALLOWANCE** – An amount towards the expenses of the funeral and burial of the veteran's remains. Burial includes all recognized methods of interment.

b. **PLOT ALLOWANCE** – Plot means the final resting place of the remains. The allowance is payable towards:

(1) Expenses incurred for the plot or interment if burial was not in a national cemetery or other cemetery under the jurisdiction of the United States; OR

(2) Expenses payable to a State (or political subdivision) if the veteran died from nonservice-connected causes and was buried in a State-owned cemetery or section used solely for the remains of persons eligible for burial in a national cemetery.

c. **BURIAL ALLOWANCE FOR SERVICE-CONNECTED DEATH** – When the veteran's death occurred as the result of a service-connected disability, a special "service-connected" rate is payable.

d. **TRANSPORTATION EXPENSES** – The cost of transporting the body to the place of burial may be paid in addition to the burial allowance when:

(1) The veteran died of a service-connected disability or had a compensable service-connected disability and burial is in a national cemetery; OR

(2) The veteran died while in a hospital, domiciliary or nursing home to which he/she had been properly admitted under authority of VA; OR

(3) The veteran died en route while traveling under prior authorization of VA for the purpose of examination, treatment or care.

3. WHO SHOULD FILE A CLAIM

a. **CREDITOR** – If expenses have not been paid, the claim should be filed by the funeral director or crematory service by completing Parts I, II, and IV. If the funeral director or crematory service has paid or advanced funds for or furnished the plot or interment expenses, inclusion of these items on the statement of account will serve as claim for the plot allowance. If the cemetery owner or other creditor has not been paid for the plot and related interment expenses, he/she may file claim by completing Parts I, III, and IV. If both the funeral director and cemetery owner are unpaid, each must submit a separate VA Form 21-530 signed by the person who authorized services.

b. **PERSON WHOSE FUNDS WERE USED** – If all creditors have been paid, the claim should be filed by the person or persons whose personal funds were used by completing Parts I, II, and IV.

 Department of Veterans Affairs

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY. Type or print all information.

1. FIRST, MIDDLE, LAST NAME OF DECEASED VETERAN

2. SOCIAL SECURITY NUMBER OF VETERAN

3. VA FILE NUMBER
XC/XSS -

4. FIRST, MIDDLE, LAST NAME OF CLAIMANT

5. TELEPHONE NUMBER(S) (Include Area Code)

A. DAYTIME

B. EVENING

6. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)

PART I - INFORMATION REGARDING VETERAN

7A. DATE OF BIRTH

7B. PLACE OF BIRTH

8A. DATE OF DEATH

8B. PLACE OF DEATH

8C. DATE OF BURIAL

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

9A. ENTERED SERVICE		9B. SERVICE NUMBER	9C. SEPARATED FROM SERVICE		9D. GRADE, RANK, OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	

10. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM I, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

11. ARE YOU CLAIMING THAT THE CAUSE OF DEATH WAS DUE TO SERVICE?

YES NO

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

12. PLACE OF BURIAL OR LOCATION OF CREMAINS

13. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?

YES NO (If "No," complete Items 15 and 16)

14. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?

YES NO (If "No," complete Items 15 and 16)

15. BURIAL PLOT, MAUSOLEUM VAULT, COLUMBARIUM NICHE, ETC. COST IS: (CHECK ONE)

PAID BY ANOTHER PERSON(S) PAID BY CLAIMANT FOR BURIAL
 DUE FUNERAL DIRECTOR NONE
 DUE CEMETERY OWNER

16. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)

17. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND, IF CLAIMED, BURIAL PLOT (This includes cremation, cost of burial urn, and placement of cremains)

\$

18. AMOUNT PAID

\$

19. WHOSE FUNDS WERE USED?

20A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?

YES NO (If "Yes," complete Items 20B and 20C)

20B. AMOUNT OF REIMBURSEMENT

\$

20C. SOURCE OF REIMBURSEMENT

21A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE, OR FEDERAL AGENCY?

YES NO (If "Yes," complete Items 21B and 21C)

21B. AMOUNT

\$

21C. SOURCE(S)

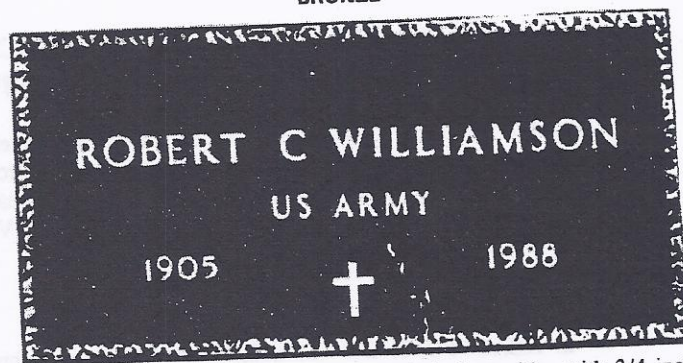
22. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?

YES NO (Before answering, read and comply with Instruction 8)

ILLUSTRATIONS OF STANDARD GOVERNMENT HEADSTONES AND MARKERS

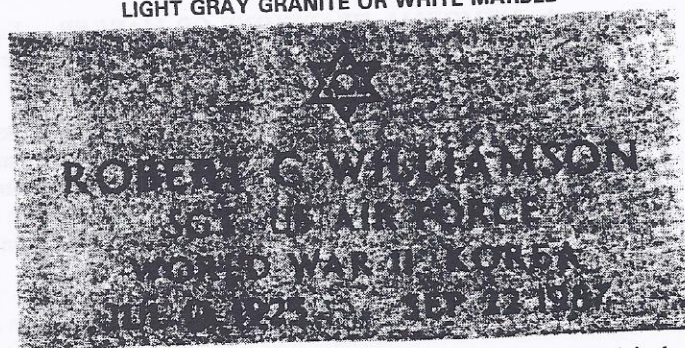
FLAT MARKERS

BRONZE



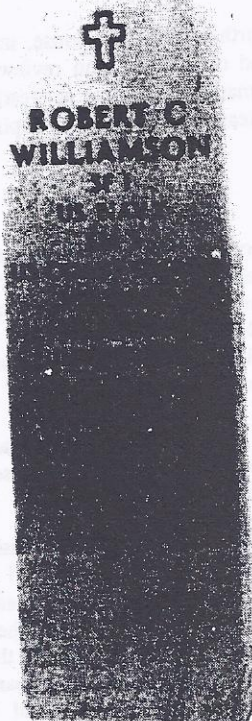
This grave marker is 24 inches long, 12 inches wide, with 3/4 inch rise. Weight is approximately 18 pounds. Anchor bolts, nuts and washers for fastening to a base are furnished with the marker. The base is not furnished by the Government.

LIGHT GRAY GRANITE OR WHITE MARBLE



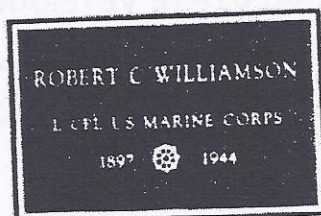
This grave marker is 24 inches long, 12 inches wide, and 4 inches thick. Weight is approximately 130 pounds. Variations may occur in stone color; the marble may contain light to moderate veining.

UPRIGHT HEADSTONE WHITE MARBLE OR LIGHT GRAY GRANITE



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.

BRONZE NICHE



This niche marker is 8-1/2 inches long, 5-1/2 inches wide, with 7/16 inches 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, but not to supplement a private monument.

NOTE: In addition to the headstone and markers illustrated, two special styles of upright marble headstones and flat markers are available to mark the graves of - those who served with the Union Forces, Civil War, or during the Spanish-American War; and those who served with the Confederate Forces, Civil War. Request should be made in block 27 of the application. It is necessary to submit detailed documentation which supports eligibility.

INSCRIPTION INFORMATION

MANDATORY ITEMS of inscription at Government expense are: Name, Branch of Service, Year of Birth, and Year of Death. Branches of Service are: U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps, U.S. Coast Guard, and by exception, U.S. Army Air Forces, and other parent organizations authorized for certain periods of time. Different examples of inscription formats are illustrated above; deviations in data sequence are not permitted. More than one branch of service is permitted, subject to space availability.

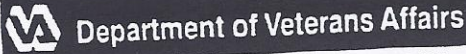
OPTIONAL ITEMS which may be inscribed at Government expense, indicated by shaded title blocks are: military grade, rate or rank, war service, month and day of the dates of birth and death, an authorized emblem reflective of one's belief, and the valor awards and the Purple Heart listed in block 8. If any of these items are desired the information must be shown clearly in the shaded title blocks; documentation of the awards must accompany the application.

RESERVED SPACE for future inscription at private expense, such as spousal or dependent data may be authorized below the standard inscription if requested in block 27. 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, subject to VA approval, below the standard inscription and subject to space limitations. Some additional inscription items may, of necessity, be placed on the rear of the headstone. Such items may be terms of endearment nicknames (not unseemly in nature) in expressions such as OUR BELOVED POPPY, LOVINGLY CALLED DUTCH, representations of military and civilian participation or accomplishment, and titles such as DOCTOR, REVEREND, etc. These requests should be made in block 27. Except for the Medal of Honor, the Southern Cross of Honor for Civil War Confederate Veterans, and authorized emblems, no graphics, emblems or pictures are permitted on government monuments.

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.



**FOR DEPARTMENT OF VETERANS AFFAIRS
USE ONLY
IMAGE ID NO.**

NOTE: Read Instructions/Disclaimers before completing.

IMPORTANT: Do not complete this application if the veteran's grave is already marked with a private monument even though the veteran's military data is not shown; 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 with shaded titles are optional inscription items or for completion by selected cemeteries; all other blocks must be completed. Military discharge documents or related service information is required.*

1. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (NO NICKNAMES OR TITLES PERMITTED)

FIRST (Or Initial)	MIDDLE (Or Initial)	LAST
--------------------	---------------------	------

2. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27, (e.g. lost at sea, remains scattered, etc.)

REMAINS NOT BURIED

VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-41)

NOTE: Failure to complete items 3A and/or 3B will delay processing.

3A. SOCIAL SECURITY NO.	3B. SERVICE NO.	5A. DATE(S) ENTERED			5B. DATE(S) SEPARATED		
		MONTH	DAY	YEAR	MONTH	DAY	YEAR
4A. DATE OF BIRTH	4B. DATE OF DEATH						
MONTH DAY YEAR	MONTH DAY YEAR						

6. HIGHEST RANK ATTAINED (No pay grades)

7. BRANCH OF SERVICE (Check box(es) - must be consistent with rank)

ARMY <input type="checkbox"/> AR	NAVY <input type="checkbox"/> NA	MARINE CORPS <input type="checkbox"/> MC	COAST GUARD <input type="checkbox"/> CG	AIR FORCE <input type="checkbox"/> AF	ARMY AIR FORCES <input type="checkbox"/> AA	MERCHANT MARINE <input type="checkbox"/> MM	OTHER (Specify)
-------------------------------------	-------------------------------------	---------------------------------------------	--------------------------------------------	------------------------------------------	------------------------------------------------	------------------------------------------------	-----------------

8. VAI OR OR PURPLE HEART AWARD(S) (Documentation must be provided)

CONGRESSIONAL MEDAL OF HONOR <input type="checkbox"/> MOH	DST SVC CROSS <input type="checkbox"/> DSC	NAVY CROSS <input type="checkbox"/> NC	AIR FORCE CROSS <input type="checkbox"/> AFC	SILVER STAR <input type="checkbox"/> SS	BRONZE STAR MEDAL <input type="checkbox"/> BSM(V)	PURPLE HEART <input type="checkbox"/> PH
--------------------------------------------------------------	-----------------------------------------------	-------------------------------------------	-------------------------------------------------	--------------------------------------------	------------------------------------------------------	---------------------------------------------

9. WAR SERVICE (Check applicable box(es))

WORLD WAR I <input type="checkbox"/> WWI	WORLD WAR II <input type="checkbox"/> WWII	KOREA <input type="checkbox"/> KO	VIETNAM <input type="checkbox"/> VN	PERSIAN GULF <input type="checkbox"/> PG	OTHER (Specify)
---------------------------------------------	-----------------------------------------------	--------------------------------------	----------------------------------------	---------------------------------------------	-----------------

10. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)

FLAT BRONZE <input type="checkbox"/> B	FLAT GRANITE <input type="checkbox"/> G	UPRIGHT MARBLE <input type="checkbox"/> U	FLAT MARBLE <input type="checkbox"/> F	BRONZE NICHE <input type="checkbox"/> Z	UPRIGHT GRANITE <input type="checkbox"/> V	NONE <input type="checkbox"/>	LATIN CROSS (Christian) <input type="checkbox"/> 01	WHEEL OF RIGHTEOUSNESS (Buddhist) <input type="checkbox"/> 02	STAR OF DAVID (Judaism) <input type="checkbox"/> 03	OTHER (Specify) (See reverse of back copy for illustrated authorized emblems)
-------------------------------------------	--------------------------------------------	----------------------------------------------	-------------------------------------------	--------------------------------------------	-----------------------------------------------	----------------------------------	--------------------------------------------------------	------------------------------------------------------------------	--------------------------------------------------------	-------------------------------------------------------------------------------

11. DESIRED RELIGIOUS EMBLEM

12. APPLICANT'S NAME AND ADDRESS (No., street, city, State and ZIP Code)

13. RELATIONSHIP TO DECEASED

14. DAYTIME TELEPHONE NO. (Include area code)

CERTIFICATION: I CERTIFY THE HEADSTONE OR MARKER WILL BE INSTALLED ON THE VETERAN'S UNMARKED GRAVE AT NO EXPENSE TO THE GOVERNMENT AND ALL STATEMENTS MADE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

15. SIGNATURE OF APPLICANT

16. DATE

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

17A. ID CODE

17B. SECTION

17C. GRAVE NO.

PRIVATE CEMETERY

18. ID CODE (If applicable)

19. NAME AND ADDRESS OF PERSON, CEMETERY, OR OFFICIAL (CONSIGNEE) WHO WILL ACCEPT PREPAID DELIVERY (No. and street, city, State and ZIP Code); P.O. BOX IS NOT ACCEPTABLE

20. DAYTIME TELEPHONE NO. (Include Area Code)

21. NAME AND LOCATION OF CEMETERY (Number, Street, City, State and ZIP Code)

CERTIFICATION: I AGREE TO ACCEPT THE HEADSTONE OR MARKER ON BEHALF OF THE APPLICANT.

22. SIGNATURE OF PERSON TO ACCEPT DELIVERY (CONSIGNEE)

23. DATE

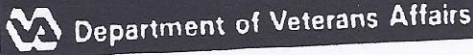
CERTIFICATION: I certify the type of headstone or marker checked in block 10 is permitted on the unmarked grave of the deceased.

24. SIGNATURE OF CEMETERY OR CERTIFYING OFFICIAL

25. DAYTIME TELEPHONE NO. (Include Area Code)

26. DATE

27. REMARKS (Available optional inscription space may be limited by type of marker)



APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. 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. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

IMPORTANT - Postmaster or other issuing official: Submit this form to the nearest VA Regional Office. Be sure to complete the stub at the bottom.

1. LAST NAME - FIRST NAME-MIDDLE NAME OF DECEASED (Print or type)

2. BRANCH OF SERVICE (Check box)
 ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD
 OTHER (Specify)

3. VETERAN'S SERVICE (Check box)
 SPANISH AMERICAN WWI WWII KOREAN CONFLICT AFTER 1-31-55 VIETNAM ERA
 OTHER (Specify)

4. CONDITION UNDER WHICH VETERAN WAS RELEASED FROM SERVICE (Check box) (See Item 2, Instructions on Reverse)
 A. VETERAN OF A WAR, MEXICAN BORDER SERVICE, OR OF SERVICE AFTER 1-31-55, DISCHARGED OR RELEASED FROM ACTIVE DUTY UNDER CONDITIONS OTHER THAN DISHONORABLE
 B. DISCHARGED FROM OR RELEASED FROM ACTIVE DUTY IN U.S. ARMED FORCES UNDER CONDITIONS OTHER THAN DISHONORABLE, AFTER SERVING AT LEAST ONE ENLISTMENT, OR DISCHARGED FOR DISABILITY INCURRED IN LINE OF DUTY
 C. BY DEATH IN ACTIVE SERVICE AFTER MAY 27, 1941, AND FLAG NOT FURNISHED BY THE SERVICE DEPARTMENT
 D. SEPARATED FROM PHILIPPINE MILITARY FORCES, UNDER CONDITIONS OTHER THAN DISHONORABLE, AFTER SERVING WITH THE UNITED STATES IN SUCH FORCES UNDER THE PRESIDENT'S ORDER OF JULY 26, 1941, AND DIED ON OR AFTER APRIL 25, 1951

5. NAME OF PERSON ENTITLED TO RECEIVE FLAG

6. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG

7. RELATIONSHIP TO DECEASED (See Item 1, Instructions on Reverse)

PERSONAL DATA OF DECEASED (To be completed if possible)

8. VA FILE NUMBER
 9. SOCIAL SECURITY NUMBER
 10. SERVICE SERIAL NUMBER
 11. DATE OF ENLISTMENT
 12. DATE OF DISCHARGE
 13. DATE OF BIRTH
 14. DATE OF DEATH
 15. DATE OF BURIAL
 16. PLACE OF BURIAL (Name of cemetery, city, and State)
 17. REMARKS

I CERTIFY that, to the best of my knowledge and belief, the statements made above are correct and true, the deceased is eligible, in accordance with instructions on reverse for issue of a United States flag for burial purposes, and such flag has not previously been applied for or furnished.

18. SIGNATURE OF APPLICANT (Sign in INK)
 19. ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., and ZIP Code)
 20. RELATIONSHIP TO DECEASED
 21. DATE SIGNED

PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine or both imprisonment or both.

ACKNOWLEDGMENT OF RECEIPT OF FLAG

I CERTIFY that the flag requested by the applicant will be used to drape the casket of the deceased in whose honor it is issued by the Department of Veterans Affairs; and that Item 6 of the Instructions will be complied with.

SIGNATURE OF PERSON RECEIVING FLAG (Sign in INK)
 DATE FLAG RECEIVED
 NAME AND ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT
FOR VA USE
 DATE NOTIFICATION FORWARDED TO SUPPLY
 INITIALS OF RESPONSIBLE VA EMPLOYEE

VA FORM 21-2008
SEP 1999

EXISTING STOCK OF VA FORM 2008, SEP 1993(R), WILL BE USED.

This stub is to be completed by the POSTMASTER or other issuing official. Upon receipt the VA Regional Office will detach and forward it to the appropriate Supply Officer.

NOTIFICATION OF ISSUANCE OF FLAG

DATE FLAG ISSUED
 SIGNATURE OF POSTMASTER OR OTHER ISSUING OFFICIAL
 ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT
FOR VA USE >
 DATE OF REPLACEMENT

VA FORM 21-2008
SEP 1999

EXISTING STOCK OF VA FORM 2008, SEP 1993(R), WILL BE USED.

SEE REVERSE

ISSUING OFFICIAL WILL DETACH THIS SHEET AND PRESENT IT TO THE RECIPIENT OF THE FLAG

USE OF THE FLAG

1. This flag is issued on behalf of the Department of Veterans Affairs to honor the memory of one who has served our country.

2. When used to drape the casket, the flag should be placed as follows:

(a) Closed Casket - When the flag is used to drape a closed casket, it should be so placed that the union (blue field) is at the head and over the left shoulder of the deceased.

(b) Half Couch (Open) - When the flag is used to drape a half-couch casket, it should be placed in three layers to cover the closed half of the casket in such a manner that the blue field will be the top fold, next to the open portion of the casket on the deceased's left.

(c) Full Couch (Open) - When the flag is used to drape a full-couch casket, it should be folded in a triangular shape and placed in the center part of the head panel of the casket cap, just above the left shoulder of the deceased.

3. During a military commitment ceremony, the flag which was used to drape the casket is held waist high over the grave by the pallbearers and, immediately after the sounding of "Taps," is folded in accordance with the illustration below.

4. Folding the flag (see illustration below):

5. The flag should not be lowered into the grave or allowed to touch the ground. When taken from the casket, it should be folded as shown (see illustration).

6. The flag should form a distinctive feature of the ceremony of the unveiling of a statue or monument, but it should never be used as a covering for the statue or monument.

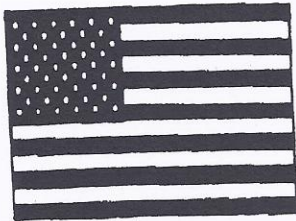
7. The flag should never be fastened, displayed, used, or stowed in such a manner as will permit it to be easily torn, soiled, or damaged in any way.

8. The flag should never have placed upon it, nor any part of it, nor attached to it, any mark, insignia, letter, word, figure, design, picture, or drawing of any nature.

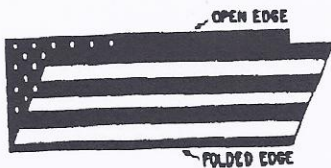
9. The flag should never be used as a receptacle for receiving, holding, carrying, or delivering anything.

10. The flag, when badly worn, torn, or soiled should no longer be publicly displayed, but privately destroyed by burning in such a manner as to convey no suggestion of disrespect or irreverence.

CORRECT METHOD OF FOLDING THE UNITED STATES FLAG



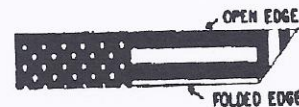
(a) Fold the lower striped section of the flag over the blue field.



(b) Folded edge is then folded over to meet the open edge.



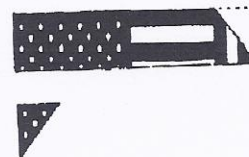
(c) A triangular fold is then started by bringing the stripe corner of the folded edge to the open edge.



(d) Outer point is then turned inward parallel with the open edge to form a second triangle.



(e) Triangular folding is continued until the entire length of the flag is folded in the triangular shape of a cocked hat with only the blue field visible.



IMPORTANT NOTES FOR DIC CLAIM

1. If there has been a previous marriage, ending in divorce or death, proof of dissolution of that marriage needs to be included with DIC documentation. Examples would include divorce decree or a copy of death certificate of former spouse.
2. A copy of the veteran's death certificate must include the cause of death.
3. Include the following statement on DIC paperwork to insure that you receive your spouse's full compensation for the month that death occurs. "I request my spouse's month of death payment."
4. It is important to notify VA Regional Office (1-800-827-1000) as soon as possible after the death of a veteran. You will need to provide veteran's claim number.



Department of Veterans Affairs

GENERAL INSTRUCTIONS

FOR APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION, DEATH PENSION AND ACCRUED BENEFITS BY A SURVIVING SPOUSE OR CHILD (INCLUDING DEATH COMPENSATION IF APPLICABLE) VA FORM 21-534

Note: Read very carefully, detach, and keep these instructions for your reference.

A. How can I contact VA if I have questions?

If you have any questions about this form, how to fill it out, or about VA benefits, contact your nearest VA regional office. You can locate the address of the nearest regional office in your telephone book blue pages under "United States Government, Veterans" or call 1-800-827-1000 (Hearing Impaired TDD line 1-800-829-4833). You may also contact VA by Internet at <https://iris.va.gov>.

B. What is the purpose of VA Form 21-534?

Use VA Form 21-534 to apply for:

- VA benefits you may be entitled to receive as a surviving spouse or child of a deceased veteran, and
- any money VA owes the veteran but did not pay prior to his/her death (accrued benefits).

If you apply for any one of these benefits, the law requires that we also consider you for the others.

C. What is the purpose of the attached SSA-24 form?

You can apply for Social Security (SS) benefits by using the SSA-24 form attached to this VA Form (see pages 9 and 10). You don't have to apply if you don't want to or have already done so. If you do want to apply, fill it out and leave it attached. We will send it to the Social Security Administration for you. They will then contact you.

D. What are dependency and indemnity compensation (DIC) and death pension benefits, and how does VA decide what I will or will not receive?

1. Dependency and indemnity compensation may be payable when:

- a veteran's death occurred in service, or
- a veteran dies of a service-connected disability, or
- in certain circumstances if a veteran rated totally disabled from service-connected disability dies from non-service-connected conditions.

2. Death pension may be payable when:

- the death of a veteran with wartime service is not due to service, and
- income is within applicable limits.

VA pays pension based on the amount of family income and the number of dependent children. This is based on law. VA must include as income all sources that Federal law specifies. If there is no surviving spouse, pension may be payable on behalf of a child or children.

Unless a claim for dependency and indemnity compensation or death pension is filed within one year from the date of the veteran's death, that benefit is not payable from a date earlier than the date the claim is received in the VA.

If it is determined that you are entitled to DIC and death pension, we will pay you whichever benefit entitles you to the most money. Benefit rates and income limits are frequently changed, so it is not possible to keep this information current in these instructions. You can find out what the current income limitations and rates of benefits are by contacting your nearest VA regional office.

E. How do I apply for aid and attendance allowance and/or housebound benefits?

VA may pay a higher rate of DIC or pension to a surviving spouse who is blind, a patient in a nursing home, otherwise needs regular aid and attendance, or who is permanently confined to his or her home because of a disability. If you wish to apply for this benefit, check "Yes" for Item 31.

F. How do I complete my application?

Print all answers clearly. If an answer is "none" or "0," write that. Your answer to every question is important to help us complete your claim. If you do not know the answer, write "unknown." For additional space, use Item 48, "Remarks," or attach a separate sheet, indicating the item number to which the answers apply. Make sure you sign and date this application (Items 44 and 45).

Note: If the claim is being made on behalf of a minor or incompetent person, the application form should be completed and filed by the legal guardian. If no legal guardian has been appointed, it may be completed and filed by some person acting on behalf of the minor or incompetent person.



Department of Veterans Affairs

Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if Applicable)
VA Form 21-534

OMB Approved No. 2900-0004
Respondent Burden: 1 hour 15 minutes

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

Please read the attached "General Instructions" before you fill out this form.

SECTION I

Tell us what you are applying for and what you and the deceased veteran have applied for

1. Did the veteran ever file a claim with VA?
 Yes No (If "Yes," answer Item 2)

2. What is the VA file number?

3. Has the surviving spouse or child ever filed a claim with VA?
 Yes No (If "Yes," answer Items 4 through 6)

4. What is the VA file number?

5. What is the name of the person on whose service the claim was filed?

_____ First Middle Last

6. What is your relationship to that person?

7. Are you claiming service connection for cause of death?
 Yes No

SECTION II

Tell us about you and the deceased veteran

Attach a copy of the death certificate unless the veteran died in active service of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or in a U.S. government institution.

8. What is the veteran's name?

_____ First Middle Last Suffix (If applicable)

9. What is the veteran's Social Security number?

10a. Did the veteran serve under another name?
 Yes No
(If "Yes," answer Items 10b)

10b. Please list the other name(s) the veteran served under:

11. What is the veteran's date of birth?
_____ mo day yr

12. What is the veteran's date of death?
_____ mo day yr

13. Was the veteran a former prisoner of war?
 Yes No

14. What is your name? (First, Middle, Last Name)

15. What is your relationship to the veteran? (check one)
 Surviving Spouse Child

16. What is your address?

_____ Street address, Rural Route, or P.O. Box Apt. number
_____ City State ZIP Code Country

17. What are your telephone numbers? (Include Area Code)
Daytime _____
Evening _____

18. What is your e-mail address?

19. What is your Social Security number?

20. What is your date of birth?
_____ mo day yr

SECTION IV Tell us about your and the veteran's marital history (continued)

Answer Item 24 only if you were married to the veteran for less than one year.

24. Was a child born to you and the veteran during your marriage or prior to your marriage?

Yes No

25. Are you expecting the birth of a child of the veteran?

Yes No

26. Did you live continuously with the veteran from the date of marriage to the date of his/her death?

Yes No

(If "No", answer Item 27)

27. What was the cause of the separation? Give the reason, date(s), and duration of the separation. If the separation was by court order, attach a copy of the order.

SECTION V Tell us about the unmarried children of the veteran

Note: You should provide a copy of the public record of birth or a copy of the court record of adoption for each child listed in Item 28a unless the veteran was receiving additional VA benefits for the child.

If you need additional space, please attach a separate sheet of paper providing the requested information about each child.

Note: Skip to Section VI if you are not claiming benefits for any children that meet the following criteria.

VA recognizes the veteran's biological children, adopted children, and stepchildren as dependents. These children must be unmarried and:

- under age 18, or
- at least 18 but under 23 and pursuing an approved course of education, or
- of any age if they became permanently unable to support themselves before reaching age 18.

"Seriously disabled" (Item 29e) means that the child became permanently unable to support himself/herself before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.

Note to surviving spouse: If entitlement to DIC is established, a "seriously disabled" child over age 18 is entitled to receive DIC benefits in his or her own right. A veteran's child who is seriously disabled and over age 18 must submit a separate VA Form 21-534 to apply for benefits.

28a. Name of child (First, middle initial, Last)	28b. Date and place of birth (City/State or Country)	28c. Social Security Number	29a. Biological	29b. Adopted	29c. Stepchild	29d. 18 - 23 yrs old and in school	29e. Seriously disabled	29f. Child previously married
	____ mo ____ day ____ yr	paw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	____ mo ____ day ____ yr		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	____ mo ____ day ____ yr		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION VII Tell us the net worth of you and your dependents

Note: If you are filing this application on behalf of a minor or incompetent child of the veteran and you are the child's custodian, you must report your net worth as well as the net worth of the child for whom benefits are claimed.

VA cannot pay you pension if your net worth is sizeable. Net worth is the market value of all interest and rights you have in any kind of property less any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal things you use everyday like your vehicle, clothing, and furniture. You must report net worth for yourself and all persons for whom you are claiming benefits.

For Items 33a through 33f, provide the amounts. If none, write "0" or "None."

Source	Surviving spouse or Custodian of children	Child(ren)		
		Name: <i>(first, middle initial, last)</i>	Name: <i>(first, middle initial, last)</i>	Name: <i>(first, middle initial, last)</i>
33a. Cash, bank accounts, certificates of deposit (CDs)				
33b. IRAs, Keogh Plans, etc.				
33c. Stocks, bonds, mutual funds				
33d. Value of business assets				
33e. Real property (not your home)				
33f. All other property				

SECTION VIII Tell us about the income of you and your dependents

Payments from any source will be counted, unless the law says that they don't need to be counted. Report all income, and VA will determine any amount that does not count.

Note: If you are filing this application on behalf of a minor of whom you are the custodian, you must report your income as well as the income of each child for whom benefits are claimed.

Report the total amounts before you take out deductions for taxes, insurance, etc. Do not report the same information in both tables. If you expect to receive a payment, but you don't know how much it will be, write "Unknown" in the space. If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space. If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid.

<p>34a. Have you claimed or are you receiving benefits from the Social Security Administration on your own behalf or on behalf of child(ren) in your custody?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If "Yes," answer item 34b)</i></p>	<p>34b. Is Social Security based on your own employment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>35. Has a surviving spouse or child filed a claim for compensation from the Office of Worker's Compensation Programs based on the death of the veteran?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>36. Has a court awarded damages based on the death of the veteran or is a claim or legal action for damages pending?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>37. Have you claimed or are you receiving Survivor Benefit Plan (SBP) annuity from a service department based on the death of the veteran?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

SECTION IX

Tell us about medical, last illness, burial or other unreimbursed expenses

Family medical expenses and certain other expenses actually paid by you may be deductible from your income. Show the amount of any continuing family medical expenses such as the monthly Medicare deduction or nursing home costs you pay. Also, show unreimbursed last illness and burial expenses and educational or vocational rehabilitation expenses you paid. Last illness and burial expenses are unreimbursed amounts paid by you for the veteran's or his/her child's last illness and burial and the veteran's just debts. Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials. **Do not** include any expenses for which you were reimbursed. If you receive reimbursement after you have filed this claim, promptly advise the VA office handling your claim. If more space is needed attach a separate sheet.

40a. Amount paid by you	40b. Date Paid	40c. Purpose (Medicare deduction, nursing home costs, burial expenses, etc.)	40d. Paid to (Name of nursing home, hospital, funeral home, etc.)	40e. Relationship of person for whom expenses paid
\$	mo day yr			
\$	mo day yr			
\$	mo day yr			
\$	mo day yr			

SECTION X

Give us direct deposit information

If benefits are awarded we will need more information in order to process any payments to you. Please read the paragraph starting with, "All Federal payments..." and then either:

1. Attach a voided check, or
2. Answer questions 41-43 to the right.

All Federal payments beginning January 2, 1999, must be made by electronic funds transfer (EFT) also called Direct Deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 41, 42, and 43 to enroll in Direct Deposit. If you do not have a bank account we will give you a waiver from Direct Deposit, just check the box below in Item 41. The Treasury Department is working on making bank accounts available to you. Once these accounts are available, you will be able to decide whether you wish to sign-up for one of the accounts or continue to receive a paper check. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in Direct Deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street Suite B, Muskogee OK 74401-7004, and give us a brief description of why you do not wish to participate in Direct Deposit.

41. Account number (Please check the appropriate box and provide that account number, if applicable)

Checking I certify that I do not have an account with a financial institution or certified payment agent

Savings

Account number _____

42. Name of financial institution

43. Routing or transit number

SOCIAL SECURITY ADMINISTRATION
APPLICATION FOR SURVIVORS BENEFITS
(PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT)

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

IMPORTANT-- Read instructions before completing form. Detach and retain ONLY the instruction sheet

1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print) 2. DATE OF DEATH

NOTE: If the veteran's Social Security No. is unknown, complete Items 4, 5, 6 and 7 about veteran.

3. SOCIAL SECURITY NO. OF VETERAN 4. DATE OF BIRTH 5. PLACE OF BIRTH

6. NAME OF FATHER 7. MAIDEN NAME OF MOTHER 8. DID THE VETERAN WORK IN THE RAILROAD INDUSTRY AT ANY TIME AFTER 1936?
 YES NO

NOTE: The following information should be furnished for each period of the veteran's active service (regular or reserves) after September 7, 1939, in the military service of the United States or service as a commissioned officer in the Public Health Service or the National Oceanic and Atmospheric Administration or during WWII, Philippine or Filipino or Allied country military service. If additional space is needed, attach a separate sheet.

9A. DATE ENTERED ACTIVE SERVICE	9B. SERVICE NO.	9C. DATE SEPARATED FROM ACTIVE SERVICE	9D. GRADE, RANK, OR RATING, ORGANIZATION AND BRANCH OF SERVICE

10. RELATIONSHIP OF APPLICANT TO VETERAN
 SURVIVING SPOUSE CHILD PARENT 11. DATE OF BIRTH OF APPLICANT 12. VA FILE NO.

CHILDREN: Show names of surviving children (including natural children, adopted children and stepchildren) or dependent grandchildren (including stepgrandchildren) who at any time since the veteran died, were unmarried and (a) under age 18; (b) age 18 to 19 and attending secondary school; (c) disabled or handicapped (18 or over and disability began before age 22).

13A. 13B.
13C. 13D.

I know that anyone who makes or causes to be made a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment, or both. I affirm that all information I have given in this document is true.

14. DATE (Month, day, year) 15. SIGNATURE OF APPLICANT (First name, middle initial, last name) (Sign in ink)
SIGN HERE 17. TELEPHONE NO. (Include Area Code)

16. MAILING ADDRESS OF APPLICANT (No. and street or rural route, city or P.O., State and ZIP Code)

WITNESSES REQUIRED ONLY IF SIGNATURE OF APPLICANT IS MADE BY "X" MARK ABOVE


18A. SIGNATURE OF WITNESS 18B. ADDRESS OF WITNESS (No. and street, city, State and ZIP Code)
19A. SIGNATURE OF WITNESS 19B. ADDRESS OF WITNESS (No. and street, city, State and ZIP Code)

ITEMS BELOW TO BE COMPLETED BY THE DEPARTMENT OF VETERANS AFFAIRS Use reverse for "Remarks"

20. PROOFS RECEIVED
 DEATH MARRIAGE
 AGE _____ (NAME)
 OTHER (Specify) _____ (NAME)
_____ (NAME)

21. PROOFS REQUESTED FROM CLAIMANT OR OTHER (Specify)
 DEATH MARRIAGE
 AGE _____ (NAME)
 OTHER (Specify) _____ (NAME)
_____ (NAME)

22. DATE 23. NAME AND ADDRESS OF TRANSMITTING VA OFFICE

 Department of Veterans Affairs

CLAIM FOR ONE SUM PAYMENT GOVERNMENT LIFE INSURANCE

	1. INSURANCE FILE NUMBER
	2. INSURANCE POLICY NUMBER
	3. NET AMOUNT OF INSURANCE
4. FIRST, MIDDLE, LAST NAME OF INSURED VETERAN	5. BENEFICIARY'S SHARE (<i>Fraction</i>)

INSTRUCTIONS

To claim the proceeds of a Government Life Insurance policy, please complete, sign and return this form.

IF YOU ARE INTERESTED IN RECEIVING THE PROCEEDS BY DIRECT DEPOSIT, PLEASE FILL OUT THE INFORMATION BELOW.

WE ALSO NEED A PHOTOCOPY OF THE VETERAN'S DEATH CERTIFICATE OR A STATEMENT FROM THE ATTENDING PHYSICIAN SHOWING DATE AND CAUSE OF DEATH. ONLY ONE CERTIFICATE OR STATEMENT IS REQUIRED FOR OUR RECORDS.

If the beneficiary is a minor or incompetent, the person having custody of the beneficiary should complete the form and give his/her address in Item 10. If you are signing as the guardian or attorney-in-fact, please include a copy of the court appointment or power of attorney.

Send this completed form to: **Department of Veterans Affairs
Regional Office and Insurance Center
P.O. Box 7208
Philadelphia, PA 19101**

6. FIRST, MIDDLE AND LAST NAME OF BENEFICIARY (<i>Please print</i>)	7. RELATIONSHIP TO INSURED
8. BENEFICIARY'S DATE OF BIRTH	9. BENEFICIARY'S SOCIAL SECURITY NUMBER
10. ADDRESS OF BENEFICIARY (<i>Address where check is to mailed</i>) (<i>Please print</i>)	11. BENEFICIARY'S DAYTIME TELEPHONE NUMBER
	12. DATE OF DEATH OF INSURED
CERTIFICATION: I certify that the above entries are true and correct to the best of my knowledge and belief.	
13. SIGNATURE OF BENEFICIARY, FIDUCIARY OR GUARDIAN	14. DATE

TO BE COMPLETED BY BENEFICIARY IF DIRECT DEPOSIT IS DESIRED

A. NAME OF FINANCIAL INSTITUTION	B. ROUTING TRANSIT NUMBER
C. ADDRESS OF FINANCIAL INSTITUTION	D. DEPOSITOR ACCOUNT NUMBER
E. TELEPHONE NUMBER OF FINANCIAL INSTITUTION ()	F. TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

PRIVACY ACT NOTICE: No proceeds may be paid unless a completed claim form has been received (38 U.S.C. 1917 and 1952). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government Insurance programs. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register.
RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 6 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. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

IF YOU HAVE QUESTIONS ABOUT THIS FORM, PLEASE CALL OUR TOLL FREE NUMBER 1-800-669-8477

