OMB Control No. 2900-0565 Respondent Burden: 30 minutes

## Department of Veterans Affairs

## STATE APPLICATION FOR INTERMENT ALLOWANCE UNDER 38 U.S.C. CHAPTER 23

Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us the veterans' SSN account information is mandatory. Applicants are required to provide veterans' SSN under Title 38 U.S.C. 5101 (c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**Respondent Burden:** We need this information to determine eligibility for an interment allowance (38 U.S.C. 2303 and 2304). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Page at <a href="http://www.whitehouse.g">http://www.whitehouse.g</a>	gov/omb/library/OMBINV.VA.El	PA.html#VA. If desired	d, you can call	1-800-827-1000	to get informati	on on where to	send commo	ents or suggestions	about this form.	
1. NAME OF STATE	2. PLACE OF BURIAL (LOCATION	3. RECIPIENT ORGANIZATION (Full name and address of payee)					4. CLAIM FOR	4. CLAIM FOR MONTH ENDING		
		5. INTERRI	<u>I</u> ED VETERAN:	S INFORMATION						
NAME OF VETERAN	VA FILE NO.	SOCIAL	ICE NUMBER	BRANGULOE	SERVICE DATES		DATE OF	OF DATE OF	BURIAL DATE	
(First, middle, last)	(C/CSS)	SECURITY SERV NUMBER			TO	FROM	BIRTH		BURIAL DATE	
I HEREBY CERTIFY THAT the	e above veterans were buried in a	State-owned veterans	cemetery (wit	hout charge) and a	are entitled to b	urial benefits u	nder the prov	visions of Title 38,	U.S.C.	
6. SIGNATURE AND TITLE OF STATE OFFICIAL DELEGATED RESPONSIBILITY TO APPLY FOR FEDERAL FUNDS							7. DATE SIGNED			
			FOR VA USE	ONLY			'			
TOTAL NUMBER OF CLAIMS APPR	TOTAL AMOUNT AP  X \$300 = \$	TOTAL AMOUNT APPROVED  X \$300 = \$				DATE				
SIGNATURE OF VA APPROVING OFFICIAL			DATE				PAGE OF			
VA FORM										