



DISABLED AMERICAN VETERANS CHAPTER 16 SOMERVILLE

232 Union Ave
Somerville, NJ 08876



To Our DAV Chapter 16 Members:

December 27, 2016

This guideline is a list of those documents required when a 100% permanent and total disabled veteran passes having had this rating for 10 consecutive years. The spouse will need to have possession of certain **original** documents to file a claim. Please inform the DAV Newark office of the veterans passing within 10 days and make an appointment with the National Service Officer at 20 Washington Place RM 438 Newark NJ 07102. Contact numbers are: Direct (973) 297-3378 FAX (973) 286-3030.

The following documents should be brought with you to your meeting at the DAV Newark Office appointment. They are required to file for **survival benefits** with the VA.

1. Original letter with raised seal from VA stating 100% permanent and total disabled.
2. Original military discharged papers known as DD 214.
3. Original marriage certificate, if applies.
4. Final judgment(s) of divorce from prior marriage(s), if any.
5. Life Insurance policies with the VA.
6. A will, needed for your family. (Only)
7. Original death certificate (make sure your spouse obtains about 12 originals because you will need then for various processes and will require an original copy) IE: Bank Accounts, VA Office, Social Security, Life insurance policies, etc.

In summary, the spouse will be notified of the amount of the veteran's disability compensation payment. Property tax payments will continue on the current home. You are eligible for medical care (Tri-care) which is free. The DAV National Service Newark office will inform the spouse of all survival benefits. If the spouse remarries different rules apply.

There are other services the deceased Veteran is entitled to depending upon your service connected rating percent. You can request a military ceremony for honorably discharged veterans. The funeral director can contact the veterans branch of service IE: (US Army 877 445-4667). Request a "Veterans Honors" ceremony. The branch of service can also offer a ceremony folded American flag to the widow or nearest relative. A bronze grave marker will be provided if you complete VA form 40 1330 titled: "Application for Standard Government Headstone or Marker" is completed and submitted. You can also apply for a Presidential Memorial Certificate signed by the current president by completing form VA 40-0247. These requested services will require a copy of the veteran's discharge form DD 214.

If you are not 100% permanent and total disabled within the VA system; please contact the DAV National office to determine what benefits are available to you.

Gerard P. Walsh
DAV Chapter 16, Commander
Enclosures

GENERAL INFORMATION SHEET

CLAIM FOR GOVERNMENT MEDALLION FOR PLACEMENT IN A PRIVATE CEMETERY

RESPONDENT BURDEN - 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. VA cannot conduct or sponsor a collection of information unless it has a valid OMB number. Your obligation to respond is voluntary, however, your response is required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the VA Clearance Officer (005R1B), 810 Vermont Avenue, NW, Washington, DC 20420. Please DO NOT send applications for benefits to this address.

BENEFIT PROVIDED - MEDALLION (Only for Veterans who died on or after November 1, 1990)

Furnished upon receipt of claim for affixing to an existing privately-purchased headstone or marker placed at the gravesite of an eligible deceased Veteran who is buried in a private cemetery. The medallion is made of bronze and available in three sizes: Large, Medium, Small. Each medallion is inscribed with the word VETERAN across the top and the Branch of Service at the bottom (see Note in Block 6 of the claim for further information). Eligible Veterans may receive a Government furnished headstone or marker, or a medallion, but not both. *If requesting a headstone or marker, please use the VA Form 40-1330.*

Shown below are the three medallions with the actual dimensions (+/- 1/32") for width and height.



Large Medallion

Dimensions: 6 3/8" W, 4 3/4" H, 1/2" D



Medium Medallion

Dimensions: 3 3/4" W, 2 7/8" H, 1/4" D



Small Medallion

Dimensions: 2" W, 1 1/2" H, 1/3" D

WHO IS ELIGIBLE - Any member of the Armed Forces of the United States who dies on active duty and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker. Any deceased Veteran discharged under honorable conditions, who died on or after November 1, 1990, and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker. A deceased Veteran discharged under conditions other than honorable, who died on or after November 1, 1990, and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker, may also be eligible. A copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent) or a copy of other official document(s) establishing qualifying military service must be attached. **Do not send original documents;** they will not be returned. **Service after September 7, 1980, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty.** Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; a copy of the Reserve Retirement Eligibility Benefits Letter must accompany the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible.

WHO CAN APPLY - Federal regulation defines "applicant" as the decedent's Next of Kin (NOK); a person authorized in writing by the NOK; or a personal representative authorized in writing by the decedent. Written authorization must be included with claim. A notarized statement is not required.

HOW TO SUBMIT A CLAIM

FAX claims and supporting documents to: **1-800-455-7143.**

IMPORTANT: If faxing more than one claim - fax each claim package (*claim plus supporting documents*) individually (*disconnect the call and redial for each submission*).

MAIL claims to: **Memorial Programs Service (41B)**
Department of Veterans Affairs
5109 Russell Road
Quantico, VA 22134-3903

A VA medallion may be furnished only upon receipt of a fully completed and signed claim with required supporting documentation.

SIGNATURES REQUIRED - The applicant must sign in Block 12A. The applicant must be the Next of Kin or an authorized representative of the decedent or the Next of Kin.

ASSISTANCE NEEDED - If assistance is needed to complete this claim, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or via e-mail at mps.headstones@va.gov. No fee should be paid in connection with the preparation of this claim. For more information regarding medallion eligibility, affixing procedures, and sizes, visit our website at www.cem.va.gov.

DELIVERY - The medallion is shipped without charge to the name/address designated in Block 13 of the claim. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Appropriate affixing adhesives, hardware and instructions are provided with the medallion.

CAUTION - *To avoid delays in the production and delivery of the medallion, please check carefully to be sure you have accurately furnished all required information and documents before faxing or mailing the claim. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Medallions furnished remain the property of the United States Government and may not be used for any purpose other than to be affixed to the privately purchased headstone or marker of an eligible deceased Veteran buried in a private cemetery.*

DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.



Department of Veterans Affairs

CLAIM FOR GOVERNMENT MEDALLION FOR PLACEMENT IN A PRIVATE CEMETERY

IMPORTANT: Please read the General Information Sheet before completing this claim. Type or print clearly all information except for signatures. Illegible printing could result in incorrect delivery of the medallion. Unless indicated otherwise all other blocks must be completed. **MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION ARE REQUIRED.**

1. NAME OF DECEASED VETERAN						2. 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)									
3. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO.				PERIODS OF ACTIVE MILITARY DUTY					
SSN: _____ SVC. 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. BRANCH OF SERVICE (BOS) (Check applicable box(es)) NOTE: If one BOS is selected, it will be spelled out on the medallion, i.e. U.S. ARMY, U.S. AIR FORCE, etc. If more than one BOS is selected, they will be abbreviated on the medallion, i.e. USA, USAF, USN, USMC, USCG, etc.								7. MEDALLION SIZE REQUESTED (Check one) (Refer to instructions for exact sizes)	
<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MERCHANT MARINE								<input type="checkbox"/> LARGE (M5) <input type="checkbox"/> MEDIUM (M3) <input type="checkbox"/> SMALL (M1)	
<input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY AIR FORCES (WW II) <input type="checkbox"/> OTHER (USAAC, WAAC, etc.) (Specify) _____									
8. NAME AND MAILING ADDRESS OF APPLICANT (No., Street, City, State, and ZIP Code)				9. ARE YOU:			10. DAYTIME PHONE NO. OF APPLICANT		
				<input type="checkbox"/> NEXT OF KIN (Specify Relationship) _____					
				<input type="checkbox"/> AUTHORIZED REPRESENTATIVE ON BEHALF OF DECEDENT (Include Written Authorization)					
				<input type="checkbox"/> AUTHORIZED REPRESENTATIVE ON BEHALF OF NEXT OF KIN (Include Written Authorization)					
CERTIFICATION: By signing below I certify the medallion will be affixed to a privately purchased headstone or marker in the cemetery listed in Block 15 at no expense to the Government, and that I (or the party listed in Block 13) have agreed to accept delivery, and all information entered on this claim is true and correct to the best of my knowledge. I also certify, to the best of my knowledge, that the decedent has never committed a serious crime, such as murder or other offense that could have resulted in imprisonment for life, has never been convicted of a serious crime, and has never been convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.									
PENALTY: The law provides severe penalties, which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any benefit to which you are not entitled.									
12A. SIGNATURE OF APPLICANT						12B. DATE (MM/DD/YYYY)			
13. NAME AND DELIVERY ADDRESS FOR MEDALLION (No., Street, City, State, and ZIP Code); (If same as applicant, please enter SAME)				14. DAYTIME PHONE NO. (Include Area Code)		15. NAME AND ADDRESS OF CEMETERY WHERE PRIVATELY PURCHASED HEADSTONE OR MARKER OF THE DECEASED VETERAN IS LOCATED (No., Street, City, State, and ZIP Code)			



Department of Veterans Affairs

PRESIDENTIAL MEMORIAL CERTIFICATE REQUEST FORM

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average two minutes per response. Statutory authority for the Presidential Memorial Certificate (PMC) Program is 38 U.S.C. 112. The information requested is approved under OMB Control Number 2900-0567, and is necessary to allow eligible recipients (next of kin, other relatives or friends) to request additional certificates and/or replacement or correct certificates on receipt of the original PMC.

The National Cemetery Administration does not give, sell or transfer any personal information outside of the agency. VA may not conduct or sponsor, and you are not required to respond to this collection of information unless it displays a valid OMB Control Number. Responding to this collection is voluntary. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (005G2), 810 Vermont Avenue NW, Washington, DC 20420. **SEND COMMENTS ONLY.** *Please do not send applications for benefits to this address.*

INSTRUCTIONS: When inserting the veterans name below, **DO NOT** include nickname, military rank, or civilian title. Complete a new VA Form 40-0247 for each additional name and/or mailing address.

NAME OF VETERAN		NAME AND MAILING ADDRESS OF PERSON REQUESTING CERTIFICATE
NUMBER OF CERTIFICATES REQUESTED	HOME OR WORK TELEPHONE NUMBER <i>(Include area code and do not insert spaces between numbers)</i>	

CERTIFICATION: I certify, to the best of my knowledge, that the decedent has never committed a serious crime, such as murder or other offense that could have resulted in imprisonment for life, has never been convicted of a serious crime, and has never been convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.

PENALTY: The law provides severe penalties, which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any benefit to which you are not entitled.

SIGNATURE OF REQUESTOR

MILITARY DOCUMENTS MUST BE RETURNED WITH THIS FORM. PLEASE SEND THE DOCUMENTS AND SIGNED FORM TO:

Presidential Memorial Certificates (41B3)
National Cemetery Administration
5109 Russell Road
Quantico, VA 22134-3903

Fax To: 1 (800) 455-7143

Or

VA FORM 40-0247 ALL VERSIONS OF THIS FORM DATED BEFORE MAY 2013 WILL NOT BE ACCEPTED OR PROCESSED.
AUG 2014



Department of Veterans Affairs

APPLICATION FOR PRE-NEED DETERMINATION OF ELIGIBILITY FOR BURIAL IN A VA NATIONAL CEMETERY

NOTE: Please read information on reverse before completing this form. If additional space is required, attach a separate sheet of paper.

Submit Application and Supporting Documentation to VA by:
Email: to the National Cemetery Scheduling Office at: eligibility.preneed@va.gov; or
Mail: to National Cemetery Scheduling Office, P.O. Box 510543, St. Louis, MO 63151; or
Fax: to the National Cemetery Scheduling Office at (855) 840-8299

IMPORTANT: Pre-Need means before death. Only complete this form if you are applying for a Pre-Need determination of eligibility for burial in a VA national cemetery. Time of Need means time of death. DO NOT complete this form if the individual is already deceased; instead, contact a local funeral home or the National Cemetery Scheduling Office at 1-800-535-1117 to expedite processing.

***REQUIRED ITEMS: YOU MUST COMPLETE THOSE ITEMS IDENTIFIED WITH AN ASTERISK (*)**

SECTION I - VETERAN/SERVICEMEMBER

(Claims for eligibility for burial are based upon the Veterans/Servicemember's military service)

*1. VETERAN/SERVICEMEMBER NAME (Include Suffix) (Last, First, Middle Name or Initial)		*2. NAME USED DURING MILITARY SERVICE (Include Suffix) (If different than Item 1) (Last, First, Middle Name)		3. MAILING ADDRESS (Street, City, State, and Zip Code, P.O. Box, Rural Route, etc.)	
*4. SOCIAL SECURITY NUMBER	5. MILITARY SERVICE NUMBER (If different from SSN)		6. VA CLAIM NUMBER (If known)		*7. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
8. DATE OF BIRTH (MM/DD/YYYY)	9. PLACE OF BIRTH (City, State or Territory)		*10. IS VETERAN/SERVICEMEMBER DECEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW		11. DATE OF DEATH (If applicable) (MM/DD/YYYY)
*12. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		*13. MILITARY STATUS USED TO APPLY FOR ELIGIBILITY DETERMINATION (Check all that apply) <input type="checkbox"/> A. VETERAN <input type="checkbox"/> B. RETIRED ACTIVE DUTY <input type="checkbox"/> C. DIED ON ACTIVE DUTY <input type="checkbox"/> D. RETIRED RESERVE <input type="checkbox"/> E. RETIRED NATIONAL GUARD <input type="checkbox"/> F. DEATH RELATED TO INACTIVE DUTY TRAINING <input type="checkbox"/> G. OTHER (See instructions)			

MILITARY SERVICE DATA

*14. BRANCH OF SERVICE	15. DATE OF ENTRY	16. DATE OF DISCHARGE	17. DISCHARGE - CHARACTER OF SERVICE (See instructions)	18. HIGHEST RANK ATTAINED (No pay grades)	19. STATE (Abbrev.) (National Guard Service Only)
20. IS THERE ANYONE CURRENTLY BURIED IN A VA NATIONAL CEMETERY UNDER THIS VETERAN'S/SERVICEMEMBER'S ELIGIBILITY? <input type="checkbox"/> YES (Complete Item 21) <input type="checkbox"/> NO (Skip Item 21) <input type="checkbox"/> DON'T KNOW (Skip Item 21)			21. NAME OF DECEDENT(S) AND VA NATIONAL CEMETERY WHERE BURIED		

22. SUPPORTING DOCUMENTS ATTACHED ☐ YES ☐ NO (See instructions for information on recommended documentation.)

SECTION II - CLAIMANT INFORMATION

(Information about the individual for whom determination for eligibility for burial in a VA National Cemetery is requested)

*23. CLAIMANT (See instructions) (**Each Claimant requires a separate VA Form 40-10007)		*24. CLAIMANT'S MAILING ADDRESS (Street, City, State, and Zip Code, P.O. Box, Rural Route, etc.) (If different from item 3)	
(Name) Last First Middle		25. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)	
WHO IS (check one): <input type="checkbox"/> A. THE VETERAN/SERVICEMEMBER NAMED IN ITEM 1 <input type="checkbox"/> B. THE SPOUSE/SURVIVING SPOUSE OF THE VETERAN/SERVICEMEMBER IN ITEM 1 <input type="checkbox"/> C. AN UNMARRIED ADULT CHILD OF THE VETERAN/SERVICEMEMBER IN ITEM 1 <input type="checkbox"/> D. OTHER (Please specify)		*26. CLAIMANT'S SOCIAL SECURITY NUMBER (If different from item 4)	
		*27. CLAIMANT'S DATE OF BIRTH (MM/DD/YYYY) (If different from item 8)	
		*28. CLAIMANT'S MAIDEN NAME (If applicable)	
29. DESIRED VA NATIONAL CEMETERY (Optional - See instructions)		30. EMAIL ADDRESS (Optional - See instructions)	

SECTION III - CERTIFICATION AND SIGNATURE

CERTIFICATION: By signing below, I certify that I am the Claimant identified in item 23, or an individual signing for the Claimant identified in Item 34. All of the information entered on this form about the Claimant is true and correct to the best of my knowledge. A fraudulent statement that leads to burial in a national cemetery or receiving other benefits from the VA could result in disinterment from that national cemetery and other penalties in accordance with the law. I acknowledge that otherwise eligible individuals may be barred from burial for committing certain serious crimes, as provided under 38 U.S.C. § 2411. VA will therefore validate a previous determination of eligibility at the time of need to check for those bars in addition to law changes or Claimant status changes that may affect eligibility of the Claimant.

*31. YOUR SIGNATURE	*32. DATE	*33. YOUR RELATIONSHIP TO THE CLAIMANT IN ITEM 23 (Check one; See instructions) <input type="checkbox"/> A. SELF (Stop here. Leave Items 34-37 blank) <input type="checkbox"/> B. INDIVIDUAL SIGNING FOR THE CLAIMANT who is under 18 years of age, is mentally incompetent, or is physically unable to sign the pre-need application (Complete items 34 through 37)
*34. NAME OF INDIVIDUAL FROM ITEM 33B COMPLETING FOR THE CLAIMANT (Last, First, Middle Name)		*35. MAILING ADDRESS OF INDIVIDUAL COMPLETING THIS FORM FOR THE CLAIMANT (Street, City, State, and Zip Code, P.O. Box, Rural Route, etc.)
*36. TELEPHONE NUMBER (Include Area Code)		37. EMAIL ADDRESS (Optional)

INSTRUCTIONS FOR COMPLETING VA FORM 40-10007 APPLICATION FOR PRE-NEED DETERMINATION OF ELIGIBILITY FOR BURIAL IN A VA NATIONAL CEMETERY

For more complete information on eligibility requirements for burial in a VA national cemetery, visit the National Cemetery Administration online at http://www.cem.va.gov/cem/burial_benefits/eligible.asp or call the National Cemetery Scheduling Office at 1-800-535-1117. For the purposes of this form, the term burial includes inurnment (above ground remains placement in a columbarium) and scattering of ashes, (if the cemetery chosen offers those options). **A Pre-Need determination of eligibility does not guarantee burial in a specific VA national cemetery. Burial in a specific VA national cemetery will be scheduled at the Time of Need.** In order to assist in completing this form, specific instructions and explanations for certain items are given below.

SECTION I: VETERAN/SERVICEMEMBER

Eligibility for burial in a VA national cemetery is based on the qualifying service of a Veteran/Servicemember. This section of the form is used to determine if qualifying service exists. Not all items are mandatory, however, answers to questions will aid VA in searching for records in archives to support the claim.

- Item 13 Military status used to apply for eligibility determination:** For VA benefit purposes, a Veteran is a person who served in the active military, naval, or air service, and who was discharged under conditions other than dishonorable. VA will determine on a case-by-case basis whether certain Reserve duty qualifies. If eligibility derives from a status not listed, or if the individual is not certain of the status, check "Other" and submit evidence of service and VA will provide appropriate assistance. Servicemembers who die on active duty are eligible for burial. If you are arranging burial for an active duty Servicemember or his or her dependents, you should contact a local funeral home or the National Cemetery Scheduling Office at 1-800-535-1117 to expedite processing.
- Item 17 Discharge - Character of Service:** Please indicate one type of "Discharge - Character of Service": Honorable; General; Entry Level Separation/Uncharacterized; Other Than Honorable; Bad Conduct; or Dishonorable. If uncertain of the type of discharge or character of service, indicate "Other" and include available supporting documents.
- Item 22 Supporting military service documents:** VA recommends that you attach photocopies of readily available supporting documents so that we can make the determination quickly. Documents may include the most recent discharge document (DD Form 214) showing the highest rank and valor awards and decorations, active duty service records other than for training purposes, or active duty for a minimum of 24 continuous months for enlisted Servicemembers after September 7, 1980; for officers, after October 16, 1981, or the full period for which the person was called to active duty. If you are unable to locate copies of military records, apply anyway, as VA will attempt to obtain records necessary to make a determination.

SECTION II: CLAIMANT INFORMATION

- Item 23 Each Claimant requires a separate VA Form 40-10007.**
- 23b. Spouse means a person who is or was legally married to a Veteran. Surviving Spouse mean a person who was legally married to a Veteran at the time of the Veteran's death and includes a surviving spouse who had a subsequent remarriage. A non-Veteran spouse of a Veteran whose marriage to the Veteran was dissolved by divorce or annulment issued by an authoritative court is not eligible for burial in a VA national cemetery.
- 23c. An unmarried adult child of the Veteran is an individual who became permanently physically or mentally disabled and incapable of self-support before reaching 21 years of age, *or* before reaching 23 years of age if pursuing a full-time course of instruction at an approved educational institution. If you are making a claim for an unmarried adult child, please provide supporting documentation such as recent medical documentation pertaining to the disability, date of onset of the disability, and the age of the child when diagnosed with this disability. VA recommends that you provide photocopies. *Note: Minor children of eligible Veterans are eligible for burial in a VA national cemetery. The minor child of an eligible Veteran is a child who is unmarried and who is under 21 years of age; or who is under 23 years of age and is pursuing a full-time course of instruction at an approved educational institution.*
- 23d. Please explain your Claimant status or relationship to the Veteran/Servicemember.
- Items 29 and 30** A list of VA national cemeteries is available online at <http://www.cem.va.gov/cem/cems/allnational.asp> **A favorable Pre-Need determination of eligibility does not guarantee burial in a specific national cemetery. Burial in a specific VA national cemetery will be scheduled at the time of need.** If you provide an email address, VA may use your email address to communicate with you about your claim and burial benefits.

SECTION III: CERTIFICATION AND SIGNATURE

- Items 31 and 32** The pre-need application must be signed (Item 31) and dated (Item 32) for VA to process.
- Item 33** You must indicate your relationship to the claimant in Item 33.
- 33a. Check (A) if you are the claimant**
- 33b. Check (B) and complete Items 34-37** if you are signing for a claimant who has not attained the age of 18 years, is mentally incompetent, or is physically unable to sign the pre-need application. You may be a court-appointed representative, a person who is responsible for the care of the individual (including a spouse or other relative), or an attorney in fact or agent authorized to act on behalf of the claimant under a durable power or attorney. If the claimant is in the care of an institution, a manager or principal officer of the institution may sign the form. Please attach supporting documents or an affidavit establishing your position relative to the claimant.

Privacy Act Information: VA considers the responses you submit confidential (38 U.S.C. 5701). VA may only disclose this information outside the VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 175VA41A, published in the Federal Register. VA considers the requested information relevant and necessary to determine maximum benefits under the law.

Respondent Burden: Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time to review instructions, search existing data sources, gather the necessary data, and complete and review the collection of information. The obligation to respond is voluntary and not required to obtain or retain benefits.