



Department of Veterans Affairs

(DO NOT WRITE IN THIS SPACE)  
(VA DATE STAMP)

## APPLICATION FOR BURIAL BENEFITS

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

**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

Sam Cafferty

2. SOCIAL SECURITY NUMBER OF VETERAN

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3. VA FILE NUMBER

XC/XSS -

4. FIRST, MIDDLE, LAST NAME OF CLAIMANT

Vickie Cafferty

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

A. DAYTIME  
(222) 222-2222

B. EVENING  
(222) 222-2222

6. E-MAIL ADDRESS OF CLAIMANT

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

2222 Wire Way  
Funkytown, PA 22222

8. RELATIONSHIP OF CLAIMANT TO DECEASED VETERAN (Check one)

SPOUSE

EXECUTOR/ADMINISTRATOR OF ESTATE

CHILD

OTHER (Specify)

PARENT

### PART I - INFORMATION REGARDING VETERAN

9A. DATE OF BIRTH

03/03/1933

9B. PLACE OF BIRTH

10A. DATE OF DEATH

08/09/2012

10B. PLACE OF DEATH

Baton Rouge Health Care Center

10C. DATE OF BURIAL

08/17/2012

10D. WHERE DID THE VETERAN'S DEATH OCCUR? (Check one)

VA MEDICAL CENTER

NURSING HOME UNDER VA CONTRACT

STATE VETERANS HOME

OTHER (Specify)

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

11A. ENTERED SERVICE

11B. SERVICE

11C. SEPARATED FROM SERVICE

11D. GRADE, RANK OR RATING,  
ORGANIZATION AND BRANCH OF SERVICE

DATE PLACE

NUMBER

DATE PLACE

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12. IF VETERAN SERVED UNDER NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

### PART II - CLAIM FOR BURIAL ALLOWANCE

13. BENEFITS REQUESTED (Check one)

NON-SERVICE-CONNECTED DEATH

SERVICE-CONNECTED DEATH

14. IF DECEASED VETERAN'S SPOUSE, DID YOU  
PREVIOUSLY RECEIVE A VA BURIAL ALLOWANCE?

YES  NO

15A. DID YOU INCUR EXPENSES FOR THE VETERAN'S BURIAL OR INTERMENT?

YES  NO

15B. ARE YOU SEEKING BURIAL BENEFITS FOR A VETERAN'S NON-SERVICE-CONNECTED DEATH OCCURRING AT A VA MEDICAL CENTER, NURSING HOME UNDER VA CONTRACT, OR OTHER VA FACILITY?

YES  NO (If " Yes," provide actual burial cost) \$