



Department of Veterans Affairs

IMPORTANT: 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 outlined in bold are optional inscription items. Unless indicated otherwise all other blocks **must** be completed. **MILITARY DISCHARGE DOCUMENTS OR RELATED SERVICE INFORMATION IS REQUIRED.**

1. FOR VA USE ONLY**2. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (NO NICKNAMES OR TITLES PERMITTED)**

FIRST (Or Initial)

MIDDLE (Or Initial)

LAST

SUFFIX

Sam

Cafferty

3. GRAVE IS: CURRENTLY MARKED
(with privately purchased marker) NOT MARKED**VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941)****4. VETERAN'S SOCIAL SECURITY NO. OR SERVICE NO.**

SSN:

OR SVC. NO.:

PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)**6A. DATE(S) ENTERED****6B. DATE(S) SEPARATED**

MONTH

DAY

YEAR

MONTH

DAY

YEAR

5A. DATE OF BIRTH**5B. DATE OF DEATH**

MONTH

DAY

YEAR

MONTH

DAY

YEAR

03

03

1933

08

09

2012

7. HIGHEST RANK ATTAINED (No pay grades)**8. BRANCH OF SERVICE (Check box(es) - must be consistent with rank (Box 7))**

ARMY

NAVY

MARINE
CORPSCOAST
GUARD

AIR FORCE

ARMY
AIR FORCESMERCHANT
MARINEOTHER
(Specify)**9. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided)**MEDAL OF
HONORDST SVC
CROSSNAVY
CROSSAIR FORCE
CROSSSILVER
STARBRONZE
STAR
MEDALPURPLE
HEARTOTHER
(Specify)**10. WAR SERVICE (Check applicable box(es))**WORLD
WAR II

KOREA

VIETNAM

PERSIAN
GULFOTHER
(Specify)**11. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)**

FLAT FLAT UPRIGHT FLAT BRONZE UPRIGHT
BRONZE GRANITE MARBLE MARBLE NICHE GRANITE
 B G U F Z V

12. DESIRED EMBLEM OF BELIEF

NONE EMBLEM NUMBER

(Specify/See reverse of this form for available emblems)

13A. NAME AND MAILING ADDRESS OF APPLICANT

(No., street, city, State, and Zip Code)

Vickie Cafferty
2222 Wire Way
Funkytown, PA 22222

13B. DAYTIME PHONE NO. OF APPLICANT

(222) 222-2222

14. E-MAIL ADDRESS (Optional)**15. FAX NO. (Optional)****16. ARE YOU:** NEXT OF KIN (Specify relationship) AUTHORIZED REPRESENTATIVE ON BEHALF
OF DECEDENT (Include Written Authorization) AUTHORIZED REPRESENTATIVE ON BEHALF OF
NEXT OF KIN (Include Written Authorization)

CERTIFICATION: By signing below I certify the headstone or marker will be installed in the cemetery listed in block 21 at no expense to the Government and all information entered on this form 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.

17. SIGNATURE OF APPLICANT**18. DATE (MM/DD/YYYY)**

08/25/16

19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT 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 WHERE GRAVE IS LOCATED (No., Street, City, State and ZIP Code)****CERTIFICATION: By signing below I agree to accept prepaid delivery of the headstone or marker.****22. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 19****23. DATE (MM/DD/YYYY)**

08/25/16

CERTIFICATION: By signing below I certify the type of headstone or marker checked in block 11 is permitted in the cemetery named in block 21.**24. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL****25. DAYTIME PHONE NO. (Include Area Code)****26. DATE (MM/DD/YYYY)****27. REMARKS (Additional inscription space will vary in size according to the type of marker)****28. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27 (e.g., buried at sea, remains scattered, etc.)** REMAINS NOT BURIED**29. SECTION/GRAVE NO. (State Cemetery Only)**