



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. TYPE OF REQUEST
 INITIAL (First time) REQUEST
 SECOND REQUEST
 CORRECTED APPLICATION OR REPLACEMENT

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

FIRST (Or Initial)	MIDDLE (Or Initial)	LAST	SUFFIX
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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. (Failure to complete will delay processing.)

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

MONTH	DAY	YEAR

5B. DATE OF DEATH

MONTH	DAY	YEAR

7. HIGHEST RANK ATTAINED (No pay grades)

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

ARMY	NAVY	MARINE CORPS	COAST GUARD	AIR FORCE	ARMY AIR FORCES	MERCHANT MARINE	OTHER (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided)

MEDAL OF HONOR	DST SVC CROSS	NAVY CROSS	AIR FORCE CROSS	SILVER STAR	BRONZE STAR MEDAL	PURPLE HEART	OTHER (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tin Star

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

WORLD WAR II	KOREA	VIETNAM	PERSIAN GULF	OTHER (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

FLAT BRONZE	FLAT GRANITE	UPRIGHT MARBLE	FLAT MARBLE	BRONZE STAR NICHE	UPRIGHT GRANITE
<input type="checkbox"/> B	<input type="checkbox"/> G	<input type="checkbox"/> U	<input type="checkbox"/> F	<input type="checkbox"/> Z	<input type="checkbox"/> V

12. DESIRED EMBLEM OF BELIEF

NONE	EMBLEM NUMBER (Specify) (See reverse side of this form for authorized emblems)
<input type="checkbox"/>	<input type="checkbox"/>

13a. NAME AND MAILING ADDRESS (No., Street, City, State, and ZIP Code) OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION

13b. DAYTIME PHONE NO. OF PERSON TO CONTACT FOR ADDITIONAL INFORMATION

14. E-MAIL ADDRESS (Optional)

15. FAX NO. (Optional)

16. ARE YOU:
 NEXT OF KIN
 FUNERAL DIRECTOR
 OTHER (Specify)
 VETERANS SERVICE OFFICER
 CEMETERY OFFICIAL

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.

17. SIGNATURE OF PERSON WHOSE NAME APPEARS IN BLOCK 13A

18. DATE (MM/DD/YYYY)

19. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State and ZIP Code); **P.O. BOX IS NOT ACCEPTABLE**

20. DAYTIME PHONE NO. (Include Area Code)

21. NAME AND ADDRESS 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)

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 (Optional 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., lost at sea, remains scattered, etc.)
 REMAINS NOT BURIED

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

29. ID CODE	30. SECTION	31. GRAVE NO.
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EMBLEMS OF FAITH

01	CHRISTIAN CROSS	22	TENRIKYO CHURCH
02	BUDDHIST (Wheel of Righteousness)	23	SEICHO-NO-IE
03	JUDAISM (Star of David)	24	CHURCH OF WORLD MESSIANITY (Izunome)
04	PRESBYTERIAN CROSS	25	UNITED CHURCH OF RELIGIOUS SCIENCE
05	RUSSIAN ORTHODOX CROSS	26	CHRISTIAN REFORMED CHURCH
06	LUTHERAN CROSS	27	UNITED MORAVIAN CHURCH
07	EPISCOPAL CROSS	28	ECKANKAR
08	UNITARIAN CHURCH/UNITARIAN UNIVERSALIST ASSOC.	29	CHRISTIAN CHURCH
09	UNITED METHODIST CHURCH	30	CHRISTIAN & MISSIONARY ALLIANCE
10	AARONIC ORDER CHURCH	31	UNITED CHURCH OF CHRIST
11	MORMON (Angel Moroni)	32	HUMANIST EMBLEM OF SPIRIT
12	NATIVE AMERICAN CHURCH OF NORTH AMERICA	33	PRESBYTERIAN CHURCH (USA)
13	SERBIAN ORTHODOX	34	IZUMO TAISHAKYO MISSION OF HAWAII
14	GREEK CROSS	35	SOKA GAKKAI INTERNATIONAL - USA
15	BAHAI (9 Pointed Star)	36	SIKH (KHANDA)
16	ATHEIST	37	WICCA (Pentacle)
17	MUSLIM (Crescent and Star)	38	Lutheran Church Missouri Synod
18	HINDU	39	New Apostolic Church
19	KONKO-KYO FAITH	97	CHRISTIAN SCIENTIST (Cross & Crown)
20	COMMUNITY OF CHRIST	98	MUSLIM (Islamic 5 Pointed Star)
21	SUFISM REORIENTED		