

**APPLICATION FOR REIMBURSEMENT
INSTALLATION OF VETERAN'S FEDERAL
MARKER**

DVA-VA-60506

(Rev. 06/94)

**STATE OF CONNECTICUT
DEPARTMENT OF VETERANS' AFFAIRS
BILLING OFFICE
287 WEST STREET
ROCKY HILL, CT 06067**

INSTRUCTIONS:

Complete and return this application to above address along with documented proof of veterans military dates of service, and place of discharge. Any omissions in this form may cause delays or denial of claim.

1. Funeral Home _____ 2. Phone _____

3. Type of Stone (Check One) Flush Marker Upright Headstone Bronze Plaque

VETERAN INFORMATION

4. Name: _____ 5. SSN _____

6. Date of Birth _____ 7. Date of Death _____

8. Date of Enlistment _____ 9. Place of Enlistment _____

10. Date of Discharge _____ 11. Place of Discharge _____

12. Character of Discharge _____ 13. Military Serial No. _____

CEMETERY INFORMATION

NEXT OF KIN INFORMATION

14. Name _____

20. Name _____

15. Street _____

21. Street _____

16. City _____

22. City _____

17. State _____ 18. Zip _____

23. State _____ 24. Zip _____

19. Phone _____

25. Phone _____

PAYEE INFORMATION (Person/Vendor to be reimbursed)

26. Is the Next of Kin the Payee? Yes, Omit Items 28-32 No, Complete Items 28-32

27. Is the cemetery the Payee? Yes, Omit Items 28-32 No, Complete Items 28-32

28. Name _____

29. Street _____ 30. City _____

31. State _____ 32. Zip _____ 33. FEIN/SSN (required) _____

34. I hereby certify that, to the best of my knowledge, the information contained in this application is accurate.

Signature _____ Date _____