

DVA Number

(DVA Use Only)

VETERANS GRAVE REGISTRATION

STATE OF ILLINOIS

DEPARTMENT OF VETERANS' AFFAIRS (IDVA)

833 S. Spring St., PO Box 19432, Springfield, IL. 62704

This Application is for the Illinois Cartage and Erection Grant for the installation of:

Headstone/Marker furnished by the Federal Dept. of Veterans Affairs installed within Illinois.

IMPORTANT:

Paid Receipt of transportation and/or installation costs is Required when claimant is Next Of Kin or Executor.

****Attaching copies of Military Documents, Death Certificate, and VA Marker/Headstone Application is recommended****

I hereby certify that a government issued headstone has been installed at the grave of the veteran named below on: _____
(Date marker installed should not appear altered) (Date Marker Installed)

Signature X: _____
(Cemetery Official / Sexton/Monument Co.) (Street) (City/State) (Zip Code)

(The following information MUST be "legible" for expedient processing of this claim form.)

Name of Veteran: _____ SSN: _____ Serial Number: _____
(Last Name) (First Name) (MI) (Social Security Number) (Service Number)

Date of Birth: _____ Date of Death: _____ Place of Death: _____
(City, County, State)

Date Enlisted: _____ Date Discharged: _____ Rank: _____ Branch of Service: _____

Cemetery: _____
(Name) (Address) (City, State, Zip) (County)

Contact: _____
(Name) (Email) (Phone Number) (Fax)

Grave #: _____
(Lot) (Block) (Section)

Nearest Relative: _____ Relationship to Veteran: _____

Address of nearest relative: _____
(Address) (City, State, Zip)

Funeral Director: _____
(Name) (Address) (City, State, Zip)

Contact: _____
(Name) (Email) (Phone Number) (Fax)

TYPE OF MEMORIAL ERECTED (Check one)

Flat Marker

- Marble Bronze Upright Marble
 Granite Bronze Niche Upright Granite

Medallions

- 1.5 inch Medallion
 3.0 inch Medallion
 5.0 inch Medallion

TYPE-OF-INSTALLATION

- Original Installation
 Replacement Marker

*****PAYMENT REQUESTED FOR TRANSPORTATION AND INSTALLATION OF USDVA GRAVE MARKER*****
(Payment will be processed and mailed according to the information below)

Claimant's Name: _____ Phone Number: _____
(Please TYPE or PRINT)

Claimant's Address: _____
(Street, PO Box, and/or Apartment No.) (City, State, Zip)

Claimant's Social Security Number: _____, or FEIN No.: _____

Claimant's Relationship to Veteran (check one) Next Of Kin Cemetery Official Other (describe below)

If Relationship is NOK or OTHER, please describe here: _____

I hereby certify that I have incurred and/or paid the Transportation and Installation costs above. Amount: \$ _____
(Maximum allowable Grant amount is \$125.00)

X: _____
(Signature of Claimant) (Date)

-IMPORTANT NOTICE-

This state agency is requesting disclosure of information necessary to accomplish the statutory purpose of Chap.330 110/1.1 Disclosure is Required: failure to provide this information will prevent the claim from being processed. This form has been approved by the Forms Management Center.