

# CLAIM FOR GOVERNMENT MEDALLION TO AFFIX TO A PRIVATE MARKER

## GENERAL INFORMATION SHEET

**RESPONDENT BURDEN** - An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0222, and it expires 09/30/2027. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at [VACOPaperworkReduAct@va.gov](mailto:VACOPaperworkReduAct@va.gov). Please refer to OMB Control No. 2900-0222 in any correspondence. Do not send your completed VA Form 40-1330M to this email address.

**PRIVACY ACT** - VA considers the responses you submit confidential (38 U.S.C. 5701). VA may only disclose this information outside the VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 48VA40B, published in the Federal Register. VA considers the requested information relevant and necessary to determine maximum benefits under the law.

**BENEFIT PROVIDED - MEDALLION** (Only for eligible deceased Veterans who served in the Armed Forces on or after April 6, 1917, regardless of their date of death)

VA will furnish a medallion upon receipt of claim for affixing to an existing privately-purchased headstone or marker placed at the gravesite of an eligible deceased Veteran who is buried in a private or local Government cemetery. The medallion is made of bronze and available in three sizes: Large, Medium, Small. Each medallion is inscribed with the word VETERAN across the top and the Branch of Service at the bottom (*see Note in Block 11 of the claim for further information*).

Shown below are the three medallions with the actual dimensions (+/- 1/32") for width and height.



Large Medallion

Dimensions: 6 3/8" W, 4 3/4" H, 1/2" D



Medium Medallion

Dimensions: 3 3/4" W, 2 7/8" H, 1/4" D



Small Medallion

Dimensions: 2" W, 1 1/2" H, 1/3" D

**WHO IS ELIGIBLE** - Any deceased Veteran discharged under honorable conditions, who served in the Armed Forces on or after April 6, 1917, and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker. Any Servicemember of the Armed Forces of the United States who served on or after April 6, 1917, and died on active duty and is buried in a private cemetery in a grave marked with a privately purchased headstone or marker. **Service after September 7, 1980 for enlisted, and October 16, 1981 for officers, must be for a minimum of 24 months continuous active duty or be completed under special circumstances, e.g., death on active duty.** Persons who have only limited active duty service for training while in the National Guard or Reserves are not eligible unless there are special circumstances, e.g., death while on active duty, or as a result of training. Reservists and National Guard members who, at time of death, were entitled to retired pay, or would have been entitled, but for being under the age of 60, are eligible; please submit a copy of the Reserve Retirement Eligibility Benefits Letter with the claim. Reservists called to active duty other than training and National Guard members who are Federalized and who serve for the period called are eligible.

**MEDAL OF HONOR MEDALLION** - VA will furnish a medallion signifying a Veteran's status as a Medal of Honor recipient. The applicant must request a Medal of Honor Medallion in in block 13 and submit supporting documentation to VA.

**WHO CAN APPLY** - An "applicant" for a Medallion may be any of the following:

- (i) A decedent's family member, which includes the decedent's spouse or individual who was in a legal union as defined in 38 CFR 3.1702(b)(1)(ii) with the decedent; a child, parent, or sibling of the decedent, whether biological, adopted, or step relation; and any lineal or collateral descendant of the decedent;
- (ii) A personal representative, defined as a family member or other individual who has identified himself or herself as the person responsible for making decisions concerning the interment of the remains of or memorialization of a deceased individual;
- (iii) A representative of a Congressionally-chartered Veterans Service Organization;
- (iv) An individual employed by the relevant state, tribal organization, or local government whose official responsibilities include serving veterans and families of veterans, such as a state or county veterans service officer; or
- (v) Any individual who is responsible, under the laws of the relevant state or locality, for the disposition of the unclaimed remains of the decedent or for other matters relating to the interment or memorialization of the decedent.

**PRESIDENTIAL MEMORIAL CERTIFICATE** - A Presidential Memorial Certificate (PMC) is an engraved paper certificate, signed bearing the signature of the current president, to honor the memory of Veterans discharged under other than dishonorable conditions. VA will provide the applicant with a PMC if the Veteran is eligible for a headstone, marker, or medallion. The applicant may request additional PMCs by indicating how many in block 20 of this form. Applicants may use a VA Form 40-0247, Presidential Memorial Certificate Request Form to order additional PMCs to other addresses.

**HOW TO SUBMIT A CLAIM** - Please attach a copy of the deceased Veteran's discharge certificate (DD Form 214 or equivalent), the VA Pre-Need Eligibility Determination letter, or a copy of other official document(s) establishing qualifying military service. If you are unable to locate copies of military records, apply anyway, as VA will attempt to obtain records necessary to make an eligibility determination. **Do not send original documents;** they will not be returned.

**ELECTRONICALLY** submit your claim and supporting documents by using Quick Submit at <https://eauth.va.gov/accessva/>. You will be instructed to register during your first sign-on attempt. **Multiple claims can be submitted electronically via Quick Submit.**

**If you prefer, you may**

**MAIL** claims to: NCA FP Evidence Intake Center  
PO Box 5237  
Janesville, WI 53547

**FAX:** VA Form 40-1330M claims and supporting documents to **1-800-455-7143**.

**IMPORTANT:** *If faxing more than one claim - fax each claim package (claim plus supporting documents) individually, i.e., disconnect the call and redial for each submission.*

VA will furnish a medallion only upon receipt of a fully completed and signed claim with required supporting documentation.

**SIGNATURES REQUIRED** - The claimant signs in block 21; the cemetery or other responsible official signs in block 26. If there is no official on duty at the cemetery, the signature of the person responsible for the property listed in block 25 is required. Entries of "None," "Not Applicable," or "NA" will not be accepted.

**ASSISTANCE NEEDED** - Should you have questions when filling out this form, you may contact our Applicant Assistance Unit toll free at: 1-800-697-6947, or at: [ask.va.gov](http://ask.va.gov). If additional assistance is needed to complete this claim, contact the nearest VA Regional Office, national cemetery, or a local veterans' organization. No fee should be paid in connection with the preparation of this claim.

**DELIVERY** - VA will ship the medallion without charge to the name/address designated in Block 23. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Appropriate affixing adhesives, hardware and instructions will be provided with the medallion.

**CAUTION** - *To avoid delays in the production and delivery of the medallion, please check carefully to be sure you have accurately furnished all required information and documents before faxing or mailing the claim. The Government is not responsible for costs associated with affixing the medallion to the privately purchased headstone or marker. Medallions furnished remain the property of the United States Government and may not be used for any purpose other than to be affixed to the privately purchased headstone or marker of an eligible deceased Veteran buried in a private or local Government cemetery.*

**DETACH AND RETAIN THIS GENERAL INFORMATION SHEET FOR YOUR RECORDS.**



## CLAIM FOR GOVERNMENT MEDALLION FOR PLACEMENT IN A PRIVATE CEMETERY

**IMPORTANT:** Please read the General Information Sheet before completing this claim. Type or print clearly all information except for signatures. Illegible printing could result in incorrect delivery of the medallion. Failure to complete each block may result in delayed processing. **PLEASE INCLUDE COPIES OF MILITARY DISCHARGE DOCUMENTS AND DEATH CERTIFICATE.**

<b>1. TYPE OF REQUEST</b> <input type="checkbox"/> INITIAL REQUEST ( <i>First Time</i> ) <input type="checkbox"/> REPLACEMENT	<b>2. REASON FOR REPLACEMENT</b> <input type="checkbox"/> DAMAGE <input type="checkbox"/> NON-RECIEPT <input type="checkbox"/> INCORRECT BRANCH OF SERVICE <input type="checkbox"/> WRONG SIZE ( <i>Incorrect Type</i> )
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3. NAME OF DECEASED VETERAN				
FIRST ( <i>Or Initial</i> )	MIDDLE ( <i>Or Initial</i> )	LAST	SUFFIX	4. ARE REMAINS BURIED? <input type="checkbox"/> YES <input type="checkbox"/> NO

5. THERE MUST BE A SET HEADSTONE, MAUSOLEUM, OR CRYPT IN PLACE TO AFFIX THE MEDALLION. IS GRAVE CURRENTLY MARKED WITH A PRIVATELY PURCHASED PERMANENT AND DURABLE MARKER?  
 YES     NO

<b>6. RACE OR ETHNICITY</b> ( <i>You may select more than one. Information will be used for statistical purposes only</i> ) <input type="checkbox"/> ASIAN OR ASIAN AMERICAN <input type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC OR LATINO	<b>7. SEX</b> ( <i>Information will be used for statistical purposes only</i> ) <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
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### VETERAN'S SERVICE AND IDENTIFYING INFORMATION

<b>8. VETERAN'S SOCIAL SECURITY NO. AND/OR SERVICE NO.</b> SSN (999-99-9999): _____ SVC. NO (99999999): _____	<b>9. PLACE OF BIRTH</b> ( <i>City and State or Country</i> ) _____
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### PERIODS OF ACTIVE MILITARY DUTY

10A. DATE OF BIRTH (MM/DD/YYYY)	10B. DATE OF DEATH (MM/DD/YYYY)	11A. DATE(S) ENTERED (MM/DD/YYYY)	11B. DATE(S) SEPARATED (MM/DD/YYYY)

12. BRANCH OF SERVICE (BOS) (*Check applicable box(es)*) **NOTE:** *If one BOS is selected, it will be spelled out on the medallion, i.e. U.S. ARMY, U.S. AIR FORCE, etc. If more than one BOS is selected, they will be abbreviated on the medallion, i.e. USA, USAF, USN, USMC, USCG, etc.*

ARMY     MARINE CORPS     COAST GUARD     MERCHANT MARINE     NAVY     AIR FORCE     ARMY AIR FORCES (WWII)  
 SPACE FORCE     PUBLIC HEALTH SVC.     NATL. OCEANIC AND ATMOSPHERIC ADMIN.     OTHER (*Specify*): \_\_\_\_\_

13. MEDAL OF HONOR AWARD (*Optional, but if included, documentation must be provided*)  
 MEDAL OF HONOR

14. MEDALLION SIZE REQUESTED (*Check one*) (*Refer to general information sheet for exact sizes*)  
 LARGE (M5)     MEDIUM (M3)     SMALL (M1)

<b>15. APPLICANT IS:</b> <input type="checkbox"/> FAMILY MEMBER ( <i>Specify Relationship</i> ): _____ <input type="checkbox"/> VETERANS SERVICE OFFICER <input type="checkbox"/> PERSONAL REPRESENTATIVE ( <i>Person responsible for decisions concerning burial of decedent; include written authorization</i> ) <input type="checkbox"/> OTHER ( <i>Specify</i> ): _____	<b>16. IF REMAINS ARE UNCLAIMED, APPLICANT IS:</b> <input type="checkbox"/> FUNERAL HOME ( <i>that received remains</i> ) <input type="checkbox"/> CEMETERY ( <i>where remains are buried</i> )
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<b>17. NAME AND MAILING ADDRESS OF APPLICANT</b> <i>(No., Street, City, State, and ZIP Code)</i> _____	<b>18. DAYTIME PHONE NO. OF APPLICANT</b> _____	<b>19. E-MAIL ADDRESS</b> _____
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20. PRESIDENTIAL MEMORIAL CERTIFICATE (*bearing the signature of the current President*) (*the number you request to be mailed to you. VA will send one certificate if no quantity is indicated and "none" is not selected*)  
 NUMBER REQUESTED: \_\_\_\_\_     NONE

NAME OF DECEASED VETERAN		DECEASED VETERAN'S SSN OR SERVICE NUMBER	
		SSN (999-99-9999):	SVC. NO (99999999):
<p><b>CERTIFICATION:</b> By signing below I certify the medallion will be affixed to a privately purchased headstone or marker in the cemetery listed in Block 24 at no expense to the Government, and that I (or the party listed in Block 22) have agreed to accept delivery, and all information entered on this claim 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 the Veteran was sentenced to a minimum of life imprisonment or a period of 99 years or more.</p>			
<p><b>PENALTY:</b> 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.</p>			
21. SIGNATURE OF APPLICANT			22. DATE (MM/DD/YYYY)
23. NAME AND DELIVERY ADDRESS FOR MEDALLION (No., Street, City, State, and ZIP Code); (If same as applicant, please enter SAME)	24. DAYTIME PHONE NO. (Include Area Code)	25. NAME AND ADDRESS OF CEMETERY WHERE PRIVATELY PURCHASED HEADSTONE, MARKER, MAUSOLEUM, OR CRYPT TO AFFIX THE MEDALLION OF THE DECEASED VETERAN IS LOCATED (No., Street, City, State, and ZIP Code)	
<p><b>CERTIFICATION:</b> By signing below I certify the size medallion indicated above is permitted in the cemetery.</p>			
26. SIGNATURE OF CEMETERY OFFICIAL			27. DATE (MM/DD/YYYY)