

 **Department of Veterans Affairs** **APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES**

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us the veteran's SSN account information is voluntary. Refusal to provide the veteran's SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine entitlement to benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine eligibility for issuance of a burial flag to a family member or friend of a deceased veteran (38 U.S.C. 2301). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**IMPORTANT - Postmaster or other issuing official:** Submit this form to the nearest VA regional office. Be sure to complete the stub at the bottom.

**INFORMATION ABOUT THE DECEASED VETERAN (Complete as much as possible)**

1. FIRST, MIDDLE, LAST NAME OF VETERAN ( <i>Print or type</i> )		2. OTHER NAMES USED BY VETERAN ( <i>Print or type</i> )	
3. VA FILE NUMBER	4. SOCIAL SECURITY NUMBER	5. MILITARY SERVICE NUMBER/SERIAL NUMBER	
6. BRANCH OF SERVICE ( <i>Check box</i> ) <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> SELECTED SERVICE <input type="checkbox"/> OTHER ( <i>Specify</i> )			
7. DATE ENTERED ACTIVE DUTY ( <i>or Selected Reserve</i> )	8. DATE RELEASED FROM ACTIVE DUTY ( <i>or Selected Reserve</i> )	9. DATE OF BIRTH	10. DATE OF DEATH
11. DATE OF BURIAL	12. PLACE OF BURIAL ( <i>Name of cemetery, city, and State</i> )		
13. HAS DOCUMENTATION BEEN PRESENTED OR ATTACHED THAT SHOWS THE VETERAN MEETS THE ELIGIBILITY CRITERIA? (See Paragraphs C, D, and E of the "Instructions") <input type="checkbox"/> YES <input type="checkbox"/> NO   ( <i>If "No," explain in Item 15, "Remarks" (See paragraph E of the "Instructions")</i> )			

**INFORMATION ABOUT THE FLAG RECIPIENT AND APPLICANT**

14A. NAME OF PERSON ENTITLED TO RECEIVE FLAG	14B. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG ( <i>Number and street or rural route, city or P.O., State and ZIP Code</i> )
14C. RELATIONSHIP TO VETERAN (See Paragraph F of the "Instructions")	
15. REMARKS	

**I CERTIFY** that the statements made in this document are true and complete to the best of my knowledge. I further certify that the deceased veteran is eligible, in accordance with the attached instructions, for issue of a United States flag for burial purposes, and such flag has not been previously applied for or furnished.

16. SIGNATURE OF APPLICANT ( <i>Sign in INK</i> )	17. ADDRESS OF APPLICANT ( <i>Number and street or rural route, city or P.O., and ZIP Code</i> )	18. RELATIONSHIP TO DECEASED	19. DATE SIGNED
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**PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine, imprisonment, or both.**

**ACKNOWLEDGMENT OF RECEIPT OF FLAG**

**I CERTIFY** that the flag requested by the applicant will be used to drape the casket of the deceased in whose honor it is issued by the Department of Veterans Affairs, and that Item 6 of the "Use Of The Flag" instructions on the attached sheet will be complied with.


SIGNATURE OF PERSON RECEIVING FLAG ( <i>Sign in INK</i> )	DATE FLAG RECEIVED
NAME AND ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT	<b>FOR VA USE</b>
	DATE NOTIFICATION FORWARDED TO SUPPLY   INITIALS OF RESPONSIBLE VA EMPLOYEE

VA FORM 21-2008, SEP 2005

SUPERSEDES VA FORM 21- 2008, MAY 2003, WHICH WILL NOT BE USED.

**This stub is to be completed by the POSTMASTER or other issuing official. Upon receipt the VA Regional Office will detach and forward it to the appropriate Supply Officer.**

**NOTIFICATION OF ISSUANCE OF FLAG**

DATE FLAG ISSUED	SIGNATURE OF POSTMASTER OR OTHER ISSUING OFFICIAL	ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT
<b>FOR VA USE</b> 	DATE OF REPLACEMENT	

VA FORM 21-2008  
SEP 2005

SUPERSEDES VA FORM 21- 2008, MAY 2003,  
WHICH WILL NOT BE USED.

SEE REVERSE