



**FIRST COAST GUARD DISTRICT MILITARY FUNERAL HONORS
REQUEST FORM FOR COAST GUARD VETERANS**

****PLEASE GIVE 72 HOURS ADVANCE NOTICE****

EMAIL FORM BACK TO: BASEBOSTONHONORGUARD@USCG.MIL

Date of Form Revision: 1-Apr-16 Regional Coordinator: Chief Preston Endert Funeral Honors Request Line : 617-990-6249 Call to confirm receipt.	Funeral Honors for Merchant Marine Vets or CG Merchant Marine Vets contact the US Navy 866-203-7791
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FUNERAL INFO: Date / Time Honors desired:	Check one: <input type="checkbox"/> Urn <input type="checkbox"/> Casket <input type="checkbox"/> Other (i.e. memorial service)
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NAME OF DECEASED: (Last, First, MI)		Rate/Rank:	Branch of Service:
		Status:	Years in Service:
Date of Entry:	Date of Separation:		

Date of Birth:	Date of Death:	Eligibility Verified? YES / NO (requires discharge certificate or DD214)
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LOCATION OF FUNERAL OR SERVICE

<input type="checkbox"/> Cemetery	<input type="checkbox"/> Chapel
<input type="checkbox"/> Funeral Home	<input type="checkbox"/> Other:

Place:	POC:
Address:	
City/State/Zip:	Phone:

NEXT OF KIN INFORMATION

Person to receive flag:	Relationship to deceased:
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MORTUARY / FUNERAL HOME INFORMATION

Place:	POC:
Address:	Phone:
City/State/Zip:	Mortuary has burial flag? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address:	

FOR VERIFICATION, A DD-214 OR DISCHARGE CERTIFICATE MUST ACCOMPANY THIS REQUEST

Verification of service might also be obtained from the VA @ 1-800-827-1000



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 ARE REQUIRED.**

1. FOR VA USE ONLY

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

FIRST (Or Initial) MIDDLE (Or Initial) LAST SUFFIX

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.

SSN: OR SVC. NO.:

PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)

6A. DATE(S) ENTERED

6B. DATE(S) SEPARATED

5A. DATE OF BIRTH			5B. DATE OF DEATH			6A. DATE(S) ENTERED			6B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	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 CORPS MARINE COAST GUARD AIR FORCE AIR FORCES MERCHANT MARINE OTHER (Specify)

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 PURPLE HEART OTHER (Specify)

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

WORLD WAR II KOREA VIETNAM PERSIAN GULF OTHER (Specify)

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

FLAT BRONZE FLAT GRANITE UPRIGHT MARBLE FLAT MARBLE BRONZE NICHE UPRIGHT GRANITE
☐ B ☐ G ☐ U ☐ F ☐ Z ☐ V

12. DESIRED EMBLEM OF BELIEF

EMBLEM NUMBER NONE (Specify) (See reverse side of this form for available emblems)

13A. NAME AND MAILING ADDRESS OF APPLICANT (No., Street, City, State, and ZIP Code)

13B. DAYTIME PHONE NO. OF APPLICANT

14. E-MAIL ADDRESS (Optional)

15. FAX NO. (Optional)

16. ARE YOU:

- ☐ NEXT OF KIN (Specify relationship) ☐ AUTHORIZED REPRESENTATIVE ON BEHALF OF DECEDENT (Include Written Authorization) ☐ AUTHORIZED REPRESENTATIVE ON BEHALF OF NEXT OF KIN (Include Written Authorization)

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. 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 he or she was sentenced to a minimum of life imprisonment.

PENALTY: 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.

17. SIGNATURE OF APPLICANT

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 (Additional 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., buried at sea, remains scattered, etc.)

☐ REMAINS NOT BURIED

29. SECTION/GRAVE NO. (State Cemetery Only)

VA FORM 40-1330
FEB 2014

CLAIM FOR STANDARD GOVERNMENT HEADSTONE OR MARKER

ALL PREVIOUS VERSIONS OF THIS FORM WILL BE OBSOLETE ON OCTOBER 1, 2014