

Department of Veterans Affairs		APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES	
<p>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 1576 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.</p> <p>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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</p>			
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) (Information provided is considered essential when applying for other VA benefits.)			
1. FIRST, MIDDLE, LAST NAME OF VETERAN (Print or type)		2. MAIDEN NAME OTHER NAME(S) USED BY THE VETERAN WHILE ON ACTIVE DUTY (Print or type)	
3. VA FILE NUMBER	4. SOCIAL SECURITY NUMBER	5. MILITARY SERVICE NUMBER / SERIAL NUMBER	
6. BRANCH OF SERVICE (Check box) <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 (Specify) _____			
7. DATE ENTERED ACTIVE DUTY (or Selected Reserve)	8. DATE RELEASED FROM ACTIVE (or Selected Reserve)	9. DATE OF BIRTH	10. DATE OF DEATH
11. DATE OF BURIAL	12. PLACE OF BURIAL (Name of cemetery, city/town, and State)		
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 (If "No," explain in item 15, "Remarks" (See paragraph E of the "instructions"))			
INFORMATION ABOUT THE FLAG RECIPIENT AND APPLICANT			
14A. NAME OF PERSON ENTITLED TO RECEIVE FLAG		14B. RELATIONSHIP TO VETERAN (See Paragraph F of the "Instructions")	
14C. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG (Number and street or rural route, city or P.O., State and ZIP Code)			14D. TELEPHONE NUMBER
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 (Sign in INK)	17. ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., and ZIP Code)	18. RELATIONSHIP TO VETERAN	19. DATE SIGNED 02/02/2019
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			
SIGNATURE OF PERSON RECEIVING FLAG (Sign in INK)		DATE FLAG RECEIVED	
NAME AND ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT		FOR VA USE	
		DATE NOTIFICATION FORWARDED TO SUPPLY	STATION NUMBER

VA FORM 27-2008, MAR 2015

SUPERSEDES VA FORM 27-2008, JUL 2012, 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	ISSUING POINT TELEPHONE NO.	ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT
SIGNATURE OF POSTMASTER OR OTHER ISSUING OFFICIAL		