



APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

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

| | |
|--|---|
| 1. LAST NAME - FIRST NAME-MIDDLE NAME OF DECEASED <i>(Print or type)</i> | |
| 2. 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"/> OTHER <i>(Specify)</i> | 3. VETERAN'S SERVICE <i>(Check box)</i> <input type="checkbox"/> SPANISH AMERICAN <input type="checkbox"/> WWI <input type="checkbox"/> WWII <input type="checkbox"/> KOREAN CONFLICT <input type="checkbox"/> AFTER 1-31-55 <input type="checkbox"/> VIETNAM ERA <input type="checkbox"/> OTHER <i>(Specify)</i> |
| 4. CONDITION UNDER WHICH VETERAN WAS RELEASED FROM SERVICE <i>(Check box)</i> <i>(See Item 2, Instructions on Reverse)</i> <input type="checkbox"/> A. VETERAN OF A WAR, MEXICAN BORDER SERVICE, OR OF SERVICE AFTER 1-31-55, DISCHARGED OR RELEASED FROM ACTIVE DUTY UNDER CONDITIONS OTHER THAN DISHONORABLE <input type="checkbox"/> B. DISCHARGED FROM OR RELEASED FROM ACTIVE DUTY IN U.S. ARMED FORCES UNDER CONDITIONS OTHER THAN DISHONORABLE, AFTER SERVING AT LEAST ONE <input type="checkbox"/> C. BY DEATH IN ACTIVE SERVICE AFTER MAY 27, 1941, AND FLAG NOT FURNISHED BY THE SERVICE DEPARTMENT <input type="checkbox"/> D. SEPARATED FROM PHILIPPINE MILITARY FORCES, UNDER CONDITIONS OTHER THAN DISHONORABLE, AFTER SERVING WITH THE UNITED STATES IN SUCH FORCES UNDER THE PRESIDENT'S ORDER OF JULY 26, 1941, AND DIED ON OR AFTER APRIL 25, 1951 | |
| 5. NAME OF PERSON ENTITLED TO RECEIVE FLAG | 6. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG |
| 7. RELATIONSHIP TO DECEASED <i>(See Item 1, Instructions on Reverse)</i> | |

PERSONAL DATA OF DECEASED *(To be completed if possible)*

| | | | | | |
|------------------------|--|---------------------------|--|---------------------------|--|
| 8. VA FILE NUMBER | | 9. SOCIAL SECURITY NUMBER | | 10. SERVICE SERIAL NUMBER | |
| 11. DATE OF ENLISTMENT | 12. DATE OF DISCHARGE | 13. DATE OF BIRTH | | 14. DATE OF DEATH | |
| 15. DATE OF BURIAL | 16. PLACE OF BURIAL <i>(Name of cemetery, city, and State)</i> | | | | |
| 17. REMARKS | | | | | |

I CERTIFY that, to the best of my knowledge and belief, the statements made above are correct and true, the deceased is eligible, in accordance with instructions on reverse for issue of a United States flag for burial purposes, and such flag has not previously been applied for or furnished.

| | | | |
|---|---|------------------------------|-----------------|
| 18. SIGNATURE OF APPLICANT <i>(Sign in INK)</i> | 19. ADDRESS OF APPLICANT <i>(Number and street or rural route, city or P.O., and ZIP Code)</i> | 20. RELATIONSHIP TO DECEASED | 21. DATE SIGNED |
|---|---|------------------------------|-----------------|

PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine or both 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 Instructions 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 | | FOR VA USE | |
| | | DATE NOTIFICATION FORWARDED TO SUPPLY | INITIALS OF RESPONSIBLE VA EMPLOYEE |

VA FORM 21-2008
SEP 1999

EXISTING STOCK OF VA FORM 2008, SEP 1993(R), WILL 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 |
| FOR VA USE ▶ | DATE OF REPLACEMENT | |

VA FORM 21-2008
SEP 1999

EXISTING STOCK OF VA FORM 2008, SEP 1993(R), WILL BE USED.

SEE REVERSE