

## Kentucky Indigent Veteran Burial Application

State and Federal Veterans Cemetery Priority. Each funeral home, cemetery, veteran service organization, or any entity seeking defrayment of burial costs shall use due diligence in seeking burial of the indigent veteran in a state or federal veterans cemetery before considering burial in any other cemetery.

Deceased Veteran Information:		
1. Last Name	First Name	Middle Name (Suffix: Jr., Sr.)
2. SSN	3. Date of Birth	4. Place of Birth
5. Branch of Service	6. Rank	7. Date of Entry
8. Date of Separation	9. Character of Discharge (Honorable, General, OTH, Other)	
10. Date of Death	11. Place of Death	12. Marital Status at time of death
<b>Attach all supporting documents including DD214 (if available) and Death Certificate</b>		

Applicant Certification of Indigency
<p>I certify that to the best of my knowledge the information given in this application is true and accurate. IAW KRS 40.355, the above listed deceased veteran meets the following criteria of indigency:</p> <p><input type="checkbox"/> The deceased veteran's estate possessed no money or assets to pay or defray funeral expenses  <span style="padding-left: 100px;"><b>and</b></span>  <input type="checkbox"/> There is no other person obligated by law to pay for the deceased veteran's funeral expenses  <span style="padding-left: 100px;"><b>and</b></span>  <input type="checkbox"/> Diligent efforts to obtain funds to pay for the deceased veteran's funeral expenses were unsuccessful. (Organizations/persons contacted: _____)</p> <p>I submit this application understanding that if I make knowingly false statements, I will be prosecuted. I hereby authorize the Kentucky Department of Veterans Affairs to make all necessary investigations concerning my status and the eligibility of the above listed veteran. I authorize the Kentucky Department of Veterans Affairs to receive the records attached in support of this application.</p> <p>Signature _____ Date: _____</p> <p>First Name _____ MI _____ Last Name _____</p> <p>Relationship to Nominee _____ Amount Requested (up to \$1000) _____</p> <p>Organization _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone Number _____ Fax Number _____</p> <p>Email Address _____</p>

**Kentucky Indigent Veteran Burial Program**

**KDVA Office Use Only**

Approved / Disapproved (Circle One)                      Date: \_\_\_\_\_

Amount Approved (if applicable): \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Signature of Approving Authority: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_