



APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES

Privacy Act Notice: The 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 5, Code of Federal Regulations 1.526 for routine uses (i.e., to determine eligibility for issuance of a burial flag) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The 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.

Important Notice About Information Collection: We need this information to gather the necessary information to determine eligibility for issuance of a burial flag to a family member or friend of a veteran (38 U.S.C. 2301 and 38 CFR 1.10). 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/library/omb/OMBINVC.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.

1. LAST NAME - FIRST NAME-MIDDLE NAME OF DECEASED VETERAN <i>(Print or type)</i>		2. OTHER NAME(S) USED BY THE VETERAN	
3. 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 RESERVE <input type="checkbox"/> OTHER <i>(Specify)</i>		4. VETERAN'S SERVICE <i>(Check box)</i> <input type="checkbox"/> MEXICAN BORDER PERIOD <input type="checkbox"/> WWI <input type="checkbox"/> WWII <input type="checkbox"/> KOREAN WAR <input type="checkbox"/> AFTER 1-31-55 <input type="checkbox"/> VIETNAM WAR <input type="checkbox"/> GULF WAR <input type="checkbox"/> OTHER <i>(Specify)</i>	
5. CONDITION UNDER WHICH VETERAN WAS RELEASED FROM MILITARY SERVICE <i>(Check box)</i> <i>(See qualifying Military Service Information 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 ENLISTMENT, OR DISCHARGED FOR DISABILITY INCURRED IN LINE OF DUTY		<input type="checkbox"/> C. BY DEATH IN ACTIVE MILITARY SERVICE AFTER MAY 27, 1941, IF THE DECEASED WAS INTERRED OUTSIDE THE UNITED STATES, OR THE REMAINS WERE NOT RECOVERED, OR WHEN A FLAG WAS NOT FURNISHED BY THE SERVICE DEPARTMENT IN TIME FOR THE BURIAL <i>(Explain in Item 18, Remarks)</i> <input type="checkbox"/> D. SELECTED RESERVE SERVICE <i>(As qualified on reverse)</i> <input type="checkbox"/> E. PHILIPPINE MILITARY SERVICE <i>(As qualified on reverse)</i>	
6. NAME OF PERSON ENTITLED TO RECEIVE FLAG		7. ADDRESS OF PERSON ENTITLED TO RECEIVE FLAG	
8. RELATIONSHIP TO VETERAN <i>(See Relationship to Veteran, and Disposition of Flag on reverse)</i>			

PERSONAL DATA OF DECEASED <i>(Complete as much as possible)</i>				
9. VA FILE NUMBER		10. SOCIAL SECURITY NUMBER		11. MILITARY SERVICE/SERIAL NUMBER
12. DATE ENTERED ACTIVE DUTY <i>(or Selected Reserve)</i>		13. DATE RELEASED FROM ACTIVE DUTY <i>(or Selected Reserve)</i>		14. DATE OF BIRTH
15. DATE OF DEATH		16. DATE OF BURIAL		
17. PLACE OF BURIAL <i>(Name of cemetery, city/town, and State)</i>				
18. REMARKS				

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

19. SIGNATURE OF APPLICANT <i>(Sign in INK)</i>		20. ADDRESS OF APPLICANT <i>(Number and street (or P.O. box), city, State and ZIP Code)</i>		21. RELATIONSHIP TO VETERAN	22. 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 FROM U.S. POST OFFICE OR OTHER ISSUE POINT

I CERTIFY that the flag requested by the applicant will be used to drape the casket of the deceased veteran in whose honor it is issued by the Department of Veterans Affairs; and that the Relationship to Veteran, and Disposition of Flag instructions on the reverse side 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, MAY 2003

SUPERSEDES VA FORM 2008, SEP 1999, 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
FOR VA USE ▶		DATE OF REPLACEMENT

VA FORM 21-2008
MAY 2003

SUPERSEDES VA FORM 21-2008, SEP 1999,
WHICH WILL NOT BE USED.

(SEE REVERSE)