SOUTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS

MILITARY FUNERAL HONORS $50 STIPEND REQUEST

DECEASED VETERAN'S INFORMATION

Name: (Last, First, Middle)		Social Security Number:	
Date of Birth:	Date of Death:	Date Honors Performed:	Cemetery: (or other honors location)
Location of Honors: (City)			

SERVICE ORGANIZATION AND POST NUMBER PERFORMING

Post Name and Number:		
Post Mailing Address: (Street or PO Box)		
City:	State:	Zip Code:
Telephone Number: (for post contact listed below)	Federal Tax ID #:	
Please Check: (MUST check both for payment) ☐ I certify that our Veterans Service Organization has not received funds specifically for funeral honors from any other source.		
☐ I certify that funeral honors were conducted in accordance with our Veterans Service Organization's policies and procedures.		
Point of Contact: (Printed name)		
Signature of Post Honor Guard Commander: (Signature MUST be original)	Date: (CAN NOT be dated before the date funeral honors performed)	

FUNERAL HOME/CEMETERY DIRECTOR VERIFICATION

Funeral Home/Cemetery:		
Address: (Street or PO Box)		
City:	State:	Zip Code:
Telephone Number:	Were Military Honors Performed: (Y/N) ◯ Yes ◯ No	
Point of Contact: (Printed name)	Was ceremony charged to another responsible party: (Y/N) ◯ Yes ◯ No	
Signature of Funeral Home/Cemetery Director: (Signature MUST be original)	Date: (CAN NOT be dated before the date funeral honors performed)	

Note: Payments are made quarterly

Return form to: South Dakota Department of Veterans Affairs
425 E. Capitol Avenue
Pierre, SD 57501
PH: 605-773-7251