



SOUTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS

APPLICATION FOR VETERANS \$100 HEADSTONE ETCHING REIMBURSEMENT SDCL 33A-5-4

Note: See reverse side for instructions.

DECEASED VETERAN'S INFORMATION

Name: (Last, First, Middle) Doe, John E.		Social Security Number: 000-00-0000	
Date of Birth: 01/01/1950	Date of Death: 10/01/2022	Dates of Service: From: 03/03/1969 To: 04/30/1970	
Was the veteran honorably discharged, a citizen of the U.S. and a resident of South Dakota for one year immediately preceding entry into military service or preceding death? (Please check one):			
<input checked="" type="radio"/> YES		<input type="radio"/> NO	

Remember to mark the applicable button in this box.

INDIVIDUAL OR BUSINESS REQUESTING ETCHING REIMBURSEMENT

Name of Individual or Business That Permanently Etched the Headstone at the Grave Site: Memorial Company, Inc.		Date of Etching: (Month, Day, Year) 07/02/2023	
Name of Cemetery: Local Cemetery	Location of Cemetery: (City and State) Anytown, SD		
Name of Individual or Business Requesting \$100 Payment: (If Funeral Home, MUST Provide Itemized Bill) Jane Doe			
Mailing Address of Individual or Business: (Where the Check Will Be Mailed) 123 Main Street	City: Anytown	State: SD	Zip Code: 00000
Telephone Number of Individual or Business: 605-000-0000	Individual Social Security # or Business Federal Tax ID #: SSN: 000-00-0000 or TIN: 00-0000000		

Please note that this program is ONLY for etchings done on or after July 1, 2023. The application must be submitted to SDDVA within one year after the etching is completed.

Please double check to make sure that the applicant's SSN or TIN contains the correct information and that there are no digits missing.

Please make sure the applicant signs and dates this box AFTER the etching is completed. The signature in this box tells us that the information about the etching is accurate and that can only be done AFTER the etching is done.

I agree that the above information is true and correct to the best of my knowledge.

Signature of Individual or Business Receiving \$100 Payment: <i>Jane Doe</i>	Date: (CAN NOT be dated before the date of etching) 07/05/2023
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Your signature is required here. It tells us that you checked to make sure the etching contains the required information on the veteran's service.

I agree that the above information is true and correct to the best of my knowledge.

Signature, CIVVSO: <i>Local VSO</i>	Date: (CAN NOT be dated before the date of etching) 07/05/2023
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Please return form to: **South Dakota Department of Veterans Affairs
ATTN: Headstone Etching Reimbursement
425 E. Capitol Avenue
Pierre, SD 57501-3100
PH: 605-773-3269**