



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)		Social Security Number:	
Date of Birth:	Date of Death:	Dates of Service:	
		From:	To:
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):			
YES		NO	

INDIVIDUAL OR BUSINESS REQUESTING ETCHING REIMBURSEMENT

Name of Individual or Business That Permanently Etched the Headstone at the Grave Site:		Date of Etching: (Month, Day, Year)	
Name of Cemetery:	Location of Cemetery: (City and State)		
Name of Individual or Business Requesting \$100 Payment: (If Funeral Home, MUST Provide Itemized Bill)			
Mailing Address of Individual or Business: (Where the Check Will Be Mailed)	City:	State:	Zip Code:
Telephone Number of Individual or Business:	Individual Social Security # or Business Federal Tax ID #:		

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

Signature of Individual or Business Receiving \$100 Payment:	Date: (<u>CAN NOT</u> be dated before the date of etching)
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I agree that the above information is true and correct to the best of my knowledge.

Signature C/TVSO:	Date: (<u>CAN NOT</u> be dated before the date of etching)
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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

Instructions - Please Read Carefully

Note: All claims must be presented to the Pierre office of the South Dakota Department of Veterans Affairs **within one-year** from the date the headstone was professionally etched.

It is the responsibility of the county/tribal veterans service officer to ensure that the information contained on this application is true and correct.

1. To qualify, the deceased veteran must have been a citizen of the United States, a resident of the State of South Dakota for one year immediately preceding entry into the Armed Forces or for the year immediately preceding death, and be eligible to receive a U.S. Government headstone/marker.
2. The middle portion of the form must be signed, dated by, and contain the Social Security or Tax ID number of the person or business to whom payment is being made.
3. Funeral Homes applying for the etching reimbursement must also submit an itemized statement for the deceased veteran's services.
4. Any application form which is not complete or legible will be returned to the C/TVSO for correction.
5. Photo of etching must be included with application.