OMB Approved No. 2900-0013 Respondent Burden: 15 Minutes Expiration Date: 3-31-2015

Department of Veterans Affairs

APPLICATION FOR UNITED STATES FLAG FOR BURIAL PURPOSES

PRIVACY ACT NOTICE: 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 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us the veteran's SSN account information is voluntary. Refusal to provide the veteran's SSN by itself will not result in the denial of benefits. 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. The requested information is considered relevant and necessary to determine entitlement to benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine eligibility for issuance of a burial flag to a family member or friend of a deceased veteran (38 U.S.C. 2301). Title 38, United States Code, allows us to ask

for this information. We estimate that you will need OMB control number is displayed. You are not requi www.reginfo.gov/public/do/PRAMain. If desired, y	red to respond to a collection of information if thi	s number is not displayed. Valid OM	B control numbers can be located on the	
IMPORTANT - Postmaster or other issuing official: Submit this form to the nearest VA regional office. Be sure to complete the stub at the bottom.				
	DRMATION ABOUT THE DECEA (Information provided is considere			
1. FIRST, MIDDLE, LAST NAME OF VETE	ERAN (Print or type)	2. MAIDEN NAME OR OTHER NAME(S) VETERAN USED WHILE ON ACTIVE DUTY (Print or type)		
3. VA FILE NUMBER 4. SOCIAL SECURITY I		NUMBER	5. MILITARY SERVICE NUMBER/SERIAL NUMBER	
6. BRANCH OF SERVICE <i>(Check box)</i> ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD SELECTED SERVICE OTHER (Specify)				
7. DATE ENTERED ACTIVE DUTY (or Sel Reserve)	8. DATE RELEASED FR Selected Reserve)	ROM ACTIVE DUTY (or 9.	. DATE OF BIRTH	10. DATE OF DEATH
11. DATE OF BURIAL	12. PLACE OF BURIAL	(Name of cemetery, city, and	l State)	
13. HAS DOCUMENTATION BEEN PRESENTED OR ATTACHED THAT SHOWS THE VETERAN MEETS THE ELIGIBILITY CRITERIA? (See Paragraphs C, D, and E of the "Instructions") YES NO (If "No," explain in Item 15, "Remarks" (See paragraph E of the "Instructions"))				
INFORMATION ABOUT THE FLAG RECIPIENT AND APPLICANT				
14A. NAME OF PERSON ENTITLED TO F	RECEIVE FLAG	14B. RELATIONSHIP OF DECEASED VETERAN (See Paragraph F of the "Instructions")		
14C. ADDRESS OF PERSON ENTITLED	TO RECEIVE FLAG (Number and str	eet or rural route, city or P.O.	or P.O., State and ZIP Code) 14D. TELEPHONE NUMBER	
15. REMARKS				
I CERTIFY that the statements made in this document are true and complete to the best of my knowledge. I further certify that the deceased veteran is eligible, in accordance with the attached instructions, for issue of a United States flag for burial purposes, and such flag has not been previously applied for or furnished.				
16. SIGNATURE OF APPLICANT (Sign in INK) 17. ADDRESS OF APPLICAN route, city or P.O., and ZIF		IT (Number and street or rura		DECEASED 19. DATE SIGNED
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.				
ACKNOWLEDGMEN	T OF RECEIPT OF FLAG (ONLY	ONE FLAG MAY BE IS	SUED FOR EACH DECEA	SED VETERAN)
20. SIGNATURE OF PERSON RECEIVING		21. DATE FLAG ISSUE	21. DATE FLAG ISSUED	
22. NAME AND ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT			FOR VA USE	
			DATE NOTIFICATION FORWARDED TO SUPI	STATION NUMBER
A FORM 27-2008, JUL 2012 SUPERSEDES VA FORM 27- 2008, FEB 2012, 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	ISSUING POINT TELEPHONE NO.	ADDRESS OF POST OFFICE OR OTHER FLAG ISSUE POINT		

SIGNATURE OF POSTMASTER OR OTHER ISSUING OFFICIAL