

Department of Veterans Affairs

CLAIM FOR STANDARD GOVERNMENT HEADSTONE OR MARKER

IMPORTANT: Please read the General Information Sheet before completing this form. Type or print clearly all information except for signatures. Illegible printing could result in an incorrect headstone or marker or delivery. Failure to complete each block may result in delayed processing. *Blocks outlined in bold are optional inscription items. PLEASE INCLUDE MILITARY DISCHARGE DOCUMENTS.*

1. DID VA PREVIOUSLY DETERMINE ELIGIBILITY FOR BURIAL AT A VA NATIONAL CEMETERY?
 YES NO UNSURE

2. TYPE OF REQUEST
 INITIAL REQUEST (First time)
 REPLACEMENT (Specify reason in Block 33, Remarks)

3. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (No Nicknames or titles permitted)

FIRST (Or Initial) Leslie	MIDDLE (Or Initial) Ray	LAST Horner	SUFFIX (Sr., Jr., II, III, etc.)
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4. GRAVE IS:
 CURRENTLY MARKED (with privately purchased marker)
 NOT MARKED

5. RACE OR ETHNICITY (You may select more than one. Information will be used for statistical purposes only.)

AMERICAN INDIAN OR ALASKA NATIVE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 BLACK OR AFRICAN AMERICAN WHITE
 HISPANIC OR LATINO OTHER (Specify)

6. GENDER (Information will be used for statistical purposes only.)
 MALE FEMALE

7. AGE AT TIME OF DEATH:
79

8. VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-1941)

SSN: **509-40-6643**

9. PLACE OF BIRTH (City and State or Country): **Wichita, Kansas.**

10A. DATE OF BIRTH

MONTH 11	DAY 20	YEAR 1940
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10B. DATE OF DEATH

MONTH 4	DAY 27	YEAR 2020
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PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 33)

11A. DATE(S) ENTERED			11B. DATE(S) SEPARATED		
MONTH Jun	DAY 29	YEAR 1960	MONTH Apr	DAY 15	YEAR 1964

12. HIGHEST RANK ATTAINED (No pay grades)
E-4 Navy E-8 National Guard

13. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in 12)

ARMY NAVY CORPS GUARD FORCE AIR FORCE AIR MERCHANT MARINE OTHER (Specify) **NATIONAL GUARD**

14. VALOR OR PURPLE HEART AWARD(S) (Documentation must be provided)

MEDAL OF HONOR DST SVC SILVER STAR DST FLYING CROSS PURPLE HEART AIR OTHER MEDAL (Specify)

15. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)

FLAT BRONZE FLAT GRANITE UPRIGHT MARBLE FLAT MARBLE BRONZE NICHE UPRIGHT GRANITE SMALL FLAT GRANITE

16. WAR SERVICE (Check applicable box(es))

WORLD WAR II KOREA VIETNAM OTHER (Specify)

PERSIAN GULF AFGHANISTAN IRAQ

17. EMBLEM OF BELIEF (See page 5 for available emblems)
 Christian Cross NONE

18. ADDITIONAL INSCRIPTION/TERM OF ENDEARMENT (Optional) (Space will vary according to type of marker)

CHERISHED HUSBAND OF CHERYL HES. DEVOTION TO CHRIST AND FAMILY CONTINUE TO INSPIRE

19a. NAME AND MAILING ADDRESS OF APPLICANT (No., Street, City, State, and ZIP Code)

**Timothy Ervin Horner
13099 N. Pier Mountain Rd.
Marana, AZ 85658**

19b. DAYTIME OR CELL PHONE NO. OF APPLICANT (Include Area Code)
954.3183

19c. E-MAIL ADDRESS (Optional)

19d. FAX NO. (Optional)

20. ARE YOU:
 FAMILY MEMBER (Specify relationship) **SON**
 PERSONAL REPRESENTATIVE (Person responsible for decisions concerning burial of decedent; include written authorization)

VETERANS SERVICE OFFICER CEMETERY MANAGEMENT (where the unclaimed remains are buried)
 FUNERAL HOME MANAGEMENT (that received the unclaimed remains) OTHER (Specify)

21. I WOULD LIKE A PRESIDENTIAL MEMORIAL CERTIFICATE
 YES NO

22. IF "YES" HOW MANY?
3

CERTIFICATION: By signing below I certify the headstone or marker will be installed in the cemetery listed in block 27 at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge. I also certify, to the best of my knowledge, that the decedent has never committed a serious crime, such as murder or other offense that could have resulted in imprisonment for life, has never been convicted of a serious crime, and has never been convicted of a sexual offense for which he or she was sentenced to a minimum of life imprisonment.

PENALTY: The law provides severe penalties, which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any benefit to which you are not entitled.

23. SIGNATURE OF APPLICANT
Timothy Horner

24. DATE (MM DD YYYY)

25. NAME AND DELIVERY ADDRESS OF BUSINESS (CONSIGNEE) THAT WILL ACCEPT PREPAID DELIVERY (No., Street, City, State, and ZIP Code; P.O. BOX IS NOT ACCEPTABLE) MUST SIGN IN BLOCK 28

**Marana Mortuary Cemetery
12146 W. Barnett Rd.
Marana, AZ 85653**

26. DAYTIME OR CELL PHONE NO. OF CONSIGNEE (Include Area Code)
520-682-9900

27. NAME AND ADDRESS OF CEMETERY OR FAMILY PLOT WHERE GRAVE IS LOCATED (No., Street, City, State, and ZIP Code) MUST SIGN IN BLOCK 30

**Marana Mortuary Cemetery
12146 W. Barnett Rd.
Marana, AZ 85653**

CERTIFICATION: By signing below I agree to accept prepaid delivery of the headstone or marker.

28. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 25

Jawo E. Miller

29. DATE (MM DD YYYY)
5/5/2020

CERTIFICATION: By signing below I certify the type of headstone or marker checked in block 15 is permitted in the cemetery named in block 27.

30. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL

31. DAYTIME PHONE NO OF CEMETERY (Include Area Code)

32. DATE (MM DD YYYY)

33. REMARKS

34. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN BELOW (e.g., buried at sea, remains scattered, etc.)
 REMAINS NOT BURIED

35. SECTION/GRAVE NO. (State Cemetery Only)