

# VA Form 21P-530: Claim for Burial Benefits

1. Deceased Veteran's Information

Full Name of Veteran:

Social Security Number:

Date of Death:

Date of Birth:

2. Claimant's Information

Full Name of Claimant:

Relationship to Veteran:

Mailing Address:

Phone Number:

3. Burial Information

Date of Burial:

Place of Burial:

Amount Claimed for Burial Expenses:

4. Certification and Signature

Signature of Claimant:

Date:

Submit