



SOUTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS
MILITARY FUNERAL HONORS STIPEND REQUEST
\$100 per service

SERVICE ORGANIZATION PERFORMING HONORS

Post Name and Number:		
Post Mailing Address: (Street or PO Box where the check will be mailed)		
City:		State: Zip Code:
Telephone Number: (for post representative listed below)	Federal Tax ID #:	
Please Check: <p style="text-align: center;">I certify that our Veterans Service Organization has not obtained, nor will it obtain, funds from any other source for the funeral honors identified below.</p>		
Number of Honors Performed:	Total Funds Requested:	
Post Representative: (Printed name)		
Signature of Post Representative: (Signature MUST be original)	Date: (Must be dated on or after the last service performed)	

DECEASED VETERAN'S INFORMATION

Name: (Last, First, Middle)		Last 4 Social Security Number:
Date of Birth:	Date of Death:	Date Honors Performed:

Name: (Last, First, Middle)		Last 4 Social Security Number:
Date of Birth:	Date of Death:	Date Honors Performed:

Name: (Last, First, Middle)		Last 4 Social Security Number:
Date of Birth:	Date of Death:	Date Honors Performed:

Name: (Last, First, Middle)		Last 4 Social Security Number:
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DECEASED VETERAN'S INFORMATION CONTINUED

Name: (Last, First, Middle)		Last 4 Social Security Number:
Date of Birth:	Date of Death:	Date Honors Performed:

Name: (Last, First, Middle)		Last 4 Social Security Number:
Date of Birth:	Date of Death:	Date Honors Performed:

Name: (Last, First, Middle)		Last 4 Social Security Number:
Date of Birth:	Date of Death:	Date Honors Performed:

Name: (Last, First, Middle)		Last 4 Social Security Number:
Date of Birth:	Date of Death:	Date Honors Performed:

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SDDVA FORM 3 INSTRUCTIONS

1. HOW TO SUBMIT A CLAIM

Submit your claim on SDDVA Form 3. Make sure you complete all fields and sign your application. Page 2 can be used as a continuous page.

2. INCOMPLETE CLAIM

Any application form that is not complete or legible will be returned for correction.

3. PAYMENT PROCESSING

Payments will be processed at the end of each quarter (October, January, April, and July). Forms must be received by the 15th of the processing month.

4. WHERE TO SEND CLAIM

South Dakota Department of Veterans Affairs 425 E. Capitol Avenue Pierre, SD 57501-3100 605.773.3269

NOTE: SDDVA forms are available online at <https://vetaffairs.sd.gov/>.