



# SOUTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS

## APPLICATION FOR VETERANS \$100 HEADSTONE SETTING FEE

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, received a U.S. Government headstone/marker, 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 SETTING FEE

Name of Individual or Business That Permanently Set the Headstone/Marker at the Grave Site:		Date of Placement: (Month, Day, Year)	
Name of Cemetery:	Location of Cemetery: (City)	Grave Location: (Row, Lot#)	
Name of Individual or Business Requesting \$100 Payment: (If Funeral Home, <b>MUST</b> Also 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: (Signature MUST be original)	Date: (CAN NOT be dated before the date of placement)
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I agree that the above information is true and correct to the best of my knowledge.

Signature C/TVSO or SDDVA Employee: (Signature MUST be original)	Date: (CAN NOT be dated before the date of placement)
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Please return form to: **South Dakota Department of Veterans Affairs**  
**ATTN: Headstone Setting Fee**  
**425 E. Capitol Avenue**  
**Pierre, SD 57501-3100**  
**PH: 605-773-7251**

**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 permanently set.

It is the responsibility of the county/tribal veterans service officer or SDDVA employee 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 must meet the definition of a veteran as defined in SDCL § 33A-2-1 and § 33A-2-2, 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 setting fee must also submit an itemized statement from the deceased veteran's services.
4. Any application form which is not complete or legible will be returned to the CV VSO or SDDVA employee for correction.
5. ALL signatures must be originals.

**Example only!  
Contact your County VSO**