

**SD DEPARTMENT OF VETERANS AFFAIRS
425 E. CAPITOL AVENUE
PIERRE, SD 57501**

**APPLICATION FOR VETERANS
HEADSTONE SETTING FEE
SDCL § 33A-5**

SDDVA B-1 Rev. 07/2011

NOTE: See reverse side for instructions.

Name of Deceased Veteran _____
(First) (MI) (Last)

Veteran's Social Security Number _____

Veteran's Dates of Service: From _____ To _____
(Beginning Date) (End Date)

Was the Decedent an Honorably Discharged Veteran as defined in SDCL § 33A-2-1 and § 33A-2-2, a citizen of the United States and a resident of South Dakota for one year immediately preceding entry into military service or preceding death? (Please check one) Yes No

A US Government headstone/marker was permanently set on the grave site of the above Decedent by

_____ in the _____ Cemetery
(Individual or Business Name)

which is located in, or near, the city of _____, South Dakota, on the _____ of _____,
(Month) (Year) (Day)

I approve payment in the amount of \$100 to _____
(Person receiving Payment)

_____, _____, _____
(Street or PO Box Number) (City) (State) (Zip Code)

I certify that the above information is true and correct to the best of my knowledge and belief.

(Signature of C/TVSO or SDDVA Employee) (Date)

TO BE COMPLETED BY THE PAYEE

I certify that the foregoing statements are true and correct to the best of my knowledge and belief. I understand that intentionally making a false statement herein is a violation of SDCL §4-9-5and § 22-30A-17.

(Signature of Payee) (Date)

(Social Security or Tax ID of Payee)

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 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.
2. The lower portion of the form must be signed, dated by, and contain the Social Security or Tax ID number of the person to whom payment is being made.
3. Any application form which is not completely or legibly filled out will be returned to the C/TVSO or SDDVA employee for correction.

