



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

**2. CHECK BOX IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 33 (e.g., buried at sea, remains scattered, etc.)**  
 REMAINS NOT BURIED

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

FIRST (Or Initial) DANIEL	MIDDLE (Or Initial) LEE	LAST BUSZ	SUFFIX (Sr., Jr., II, III, etc.)
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**4. IS GRAVE CURRENTLY MARKED WITH A PRIVATELY PURCHASED, PERMANENT AND DURABLE MARKER**  
 YES  NO

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

<input type="checkbox"/> ASIAN OR ASIAN AMERICAN	<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN
<input type="checkbox"/> HISPANIC OR LATINO	<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	<input type="checkbox"/> NOT HISPANIC OR LATINO
<input checked="" type="checkbox"/> WHITE		

**6. SEX (Information will be used for statistical purposes only.)**  
 MALE  UNSPECIFIED OR ANOTHER GENDER IDENTITY  
 FEMALE

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

<b>7. VETERAN'S SOCIAL SECURITY NO. AND/OR SERVICE NO.</b> SSN: SVC. NO.: 457 46 83	<b>8. PLACE OF BIRTH (City and State or Country)</b> ABERDEEN WA	<b>9A. DATE OF BIRTH</b> MONTH: 12 DAY: 24 YEAR: 1937	<b>9B. DATE OF DEATH</b> MONTH: 04 DAY: 05 YEAR: 2023
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**PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 33)**

10A. DATE(S) ENTERED			10B. DATE(S) SEPARATED		
MONTH	DAY	YEAR	MONTH	DAY	YEAR
02	14	1955	12	6	1957

**11. HIGHEST RANK ATTAINED (Optional, but if included, no pay grades)**  
EM3

**12. PRISONER OF WAR (Optional, but if included, documentation must be provided)**  
 POW  FORMER POW (FPOW)

**13. BRANCH OF SERVICE (Check applicable box(es) - must be consistent with rank in Box 11)**

ARMY	NAVY	MARINE CORPS	COAST GUARD	AIR FORCE	ARMY AIR FORCES	MERCHANT MARINE	SPACE FORCE	PUBLIC HEALTH SVC.	OTHER
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. VALOR OR PURPLE HEART AWARD(S) (Optional, but if included, documentation must be provided)**

MEDAL OF HONOR	DST	SILVER CROSS	DST	FLYING STAR	PURPLE HEART	AIR MEDAL	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. TYPE OF HEADSTONE OR MARKER REQUESTED (Please ensure marker selection is permitted at selected cemetery.) (Check one)**

FLAT BRONZE	FLAT GRANITE	UPRIGHT MARBLE	FLAT MARBLE	BRONZE NICHE	UPRIGHT GRANITE	SMALL FLAT GRANITE
<input type="checkbox"/> B	<input type="checkbox"/> G	<input type="checkbox"/> U	<input type="checkbox"/> F	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<input type="checkbox"/> L

**16. WAR SERVICE (Optional, but if included, check all applicable box(es))**

<input type="checkbox"/> WORLD WAR II	<input type="checkbox"/> PERSIAN GULF
<input type="checkbox"/> KOREA	<input type="checkbox"/> AFGHANISTAN
<input checked="" type="checkbox"/> VIETNAM	<input type="checkbox"/> IRAQ
<input type="checkbox"/> OTHER (Specify)	

**17. EMBLEM OF BELIEF (Optional)**  
 EMBLEM NUMBER (Specify) (See page 5 for available emblems)  
 01  NONE

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

**9a. NAME AND MAILING ADDRESS OF APPLICANT (No., Street, City, State, and ZIP Code)**  
 MARY DENISE LAMB  
 6443 SOUTH MULLEN ST TACOMCA 98409

**19b. DAYTIME OR CELL TELEPHONE NUMBER OF APPLICANT (Include Area Code)**  
 (253) 722-3499

**19c. E-MAIL ADDRESS (Optional)** buszmary@gmail.com

**19d. FAX NO. (Optional)**

**20. APPLICANT IS:**  
 FAMILY MEMBER (Specify relationship) DAUGHTER  
 VETERANS SERVICE OFFICER  PERSONAL REPRESENTATIVE (Person responsible for decisions concerning burial of decedent; include written authorization)

**21. IF REMAINS ARE UNCLAIMED, APPLICANT IS:**  
 FUNERAL HOME (that received remains)  CEMETERY (where remains are buried)

**22. PRESIDENTIAL MEMORIAL CERTIFICATE (bearing the signature of the current President) the number you request to be mailed to you. VA will send one certificate if no quantity is indicated and "none" is not selected.**  
 NUMBER REQUESTED  NONE

**CERTIFICATION:** By signing below I certify the headstone or marker will be installed in the cemetery listed in block 29 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 the Veteran 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**  
 Mary Denise Lamb

**24. DATE (MM/DD/YYYY)**  
 5/25/23

**CERTIFICATION:** By signing below I agree to accept prepaid delivery of the headstone or marker for placement on the gravesite for which it is requested, or if placement on the grave is impossible or impractical, as close to the grave as possible within the grounds of the private or local governmental cemetery where the grave is located.

**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 27**  
 GRAYS HARBOR MONUMENT  
 2212 Roosevelt St, Aberdeen, WA 98520

**26. DAYTIME OR CELL PHONE NO. OF CONSIGNEE (Include Area Code)**  
 (360) 533-1350

**27. PRINTED NAME AND SIGNATURE OF PERSON REPRESENTING BUSINESS (CONSIGNEE) NAMED IN BLOCK 25**  
 DREW THOMAS

**28. DATE (MM/DD/YYYY)**  
 05/19/2023

**CERTIFICATION:** By signing below I certify the type and placement of the headstone or marker in block 15 adheres to the policies and guidelines of the selected private cemetery in block 25.

**29. NAME AND ADDRESS OF CEMETERY OR FAMILY PLOT WHERE GRAVE IS LOCATED (No., Street, City, State, and ZIP Code) MUST SIGN IN BLOCK 31**  
 ST. JOHN'S CEMETARY - ABERDEEN WA  
 43 WEST WISHKOH Rd. 98520

**30. DAYTIME PHONE NO. OF CEMETERY (Include Area Code)**  
 360-532-8878

**31. PRINTED NAME AND SIGNATURE OF CEMETERY OR OTHER RESPONSIBLE OFFICIAL**  
 David A. Busz  
 David A. Busz PRES.

**32. DATE (MM/DD/YYYY)**  
 6-5-2023

**33. REMARKS**

**34. STATION NO. (State/Tribal Cemetery Only)**

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