Please complete and email this form to <a href="mailto:NCAunclaimedrequest@va.gov">NCAunclaimedrequest@va.gov</a>.

**Unclaimed Remains Eligibility Request Form** 

Date:	
From:	
Subject: Unclaimed Remains Burial Request	
To: National Cemetery Administration	
Requester Information	
Name:	
Funeral Home ID / Name or Department:	
Phone:	
Fax:	
Email:	
National Cemetery Requested:	
Please obtain Veterans full name, place of birth, search, without this information the process will	
Decedent Information	
Full Name:	
DOB:	
SSN:	If you do not have the decedent's SSN, please contact the IDP Administrator.
Race:	
DOD:	
Branch of Service:	
Casket/ Cremation/ Memorial Service?	
Casket, Liner size, Govt liner or Private Vault:	
Cremains, in ground or columbarium, urn size:	
Military Honors: Yes or No	
Zip Code and County of residence at time of par	ssing:
Are there any known Adult Disabled Dependent	Children?
To the best of your knowledge did the decedent	ever commit a capital crime?
To the best of your knowledge has the deceden minimum of life imprisonment?	t been convicted of a sexual offense in which he/she was sentenced to a

Additional comments can be annotated in the body of the email.

