



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

DECEASED VETERAN'S INFORMATION

Name: (Last, First, Middle)		Social Security Number:
Date of Birth (MM/DD/YYYY):	Date of Death (MM/DD/YYYY):	Date Honors Performed (MM/DD/YYYY):
Location of Honors: (List Name of Church, Cemetery, etc.)		Address for Location of Honors: (Street, City, State)

SERVICE ORGANIZATION PERFORMING HONORS

Post Name and Number:			
Mailing Address: (Street or PO Box)			
City:		State:	Zip Code:
Telephone Number: (for post contact listed below)		Federal Tax ID #:	
Please Check: (Both items below must apply in order for payment to be approved)			
<input type="checkbox"/> I certify that our Veterans Service Organization has not received funds specifically for this honors service from any other source.			
<input type="checkbox"/> I certify that funeral honors were conducted in accordance with our Veterans Service Organization's policies and procedures.			
Point of Contact: (Printed name)			
Signature of Post Honor Guard Commander:		Date: (CANNOT be dated before the date funeral honors performed)	

CONTACT INFORMATION FOR INDIVIDUAL/ENTITY THAT REQUESTED HONORS

Individual/Funeral Home/Cemetery:			
Address: (Street or PO Box)			
City:		State:	Zip Code:
Telephone Number:		Point of Contact for Funeral Home/Cemetery: (Printed Name)	

Note: **All sections must be completed for payment
**Payments will be processed at the end of each quarter (in October, January, April and July).
Forms must be received in our office by the 15th of those months.

Return form to: South Dakota Department of Veterans Affairs
425 E. Capitol Avenue
Pierre, SD 57501-3100
PH: 605-773-3269