

County of Lancaster  
Department of Veterans Affairs  
150 North Queen Street, Suite 103  
Lancaster, PA 17602

To: All area Funeral Homes  
From: Jodi C. Barone  
Date: 02/21/2020  
RE: Burial and Headstone Claims

Greetings,

Moving forward, our goal is to process burial and headstone claims as quickly as possible. To assist us in meeting our goal, please adhere strictly to the below required document submissions. If a burial and/or headstone claim is submitted to us without the below required documents, the claim cannot and will not be processed.

To email us your claims, or if you have questions, please reach out to Chrissy Bell at [CBell@co.lancaster.pa.us](mailto:CBell@co.lancaster.pa.us)

We encourage all claims to be scanned and emailed. If a funeral home doesn't have that ability, please mail them to us at the above address. We no longer will have a fax machine as of March 1, 2020.

To be clear, we only accept **one of three discharge documents**:

1. WWII discharge- has an inked thumb print in the lower left corner.
2. *or* a DD214- numbered in the lower left corner
3. *or* NA Form 13038-numbered in lower right corner, labeled as "United States of America Certification of Military Service"

I have provided examples on the next few pages. (A piece of paper that says Honorable Discharge Certificate is merely a memorable certificate; something for the veteran to hang on the wall. It has no legal merit.)

All claims **MUST** be submitted via email or USPS mail with **ONLY** the following:

Veterans Burial *and/or* Headstone Claims:

1. Burial Claim form (2 pages for headstone and include the following with headstone claims)
2. DD214 (*or* inked thumb print discharge for WWII veterans, *or* NA Form 13038)
3. Veterans Death Certificate

Widow:

1. Burial Claim form (1 page)
2. Veterans DD214 (*or* inked thumb print discharge for WWII veterans, *or* NA Form 13038)
3. Veterans Death Certificate

**\*\*NOTE: The spouse's death certificate is NEVER needed, only the Veterans.**

If the family does not provide you with one of the three listed discharge documents and you submit a claim with anything but the above, the claim cannot and will not be processed. [Archives.gov](https://www.archives.gov) is where one can obtain the correct documentation.

Thank you for your assistance,

Jodi C. Barone

# NOTICE OF SEPARATION FROM U. S. NAVAL SERVICE

NAVPERS-553 (REV. 8-45)

1. SERIAL OR FILE NO.	2. NAME (LAST) (FIRST) (MIDDLE)	3. RATE AND CLASS/OR	5. PLACE OF SEPARATION
RANK AND CLASSIFICATION			USN PERSONNEL SEPARATION CENTER, BAINBRIDGE, MD.
4. PERMANENT ADDRESS FOR MAILING PURPOSES			6. CHARACTER OF SEPARATION HONORABLE
NAME + ADDRESS			7. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT

8. RACE	9. SEX	10. MARITAL STATUS	11. U.S. CITIZEN (YES OR NO)	12. DATE AND PLACE OF BIRTH
		Married	Yes	ash., Texas
13. REGISTERED		14. SELECTIVE SERVICE BOARD OF REGISTRATION		15. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Mt. Joy, Pa.		

16. MEANS OF ENTRY (INDICATE BY CHECK IN APPROPRIATE BOX)		17. DATE OF ENTRY INTO ACTIVE SERVICE	18. NET SERVICE (FOR PAY PURPOSES)
<input type="checkbox"/> ENLISTED <input checked="" type="checkbox"/> INDUCED <input type="checkbox"/> COMMISSIONED		11 April 44	(YRS., MOS., DAYS) 1 7 10
DATE DATE 4-11-44 DATE		19. PLACE OF ENTRY INTO ACTIVE SERVICE	
		Mt. Joy, Pa.	
20. QUALIFICATIONS, CERTIFICATES HELD, ETC.		21. RATINGS HELD	22. FOREIGN AND/OR SEA SERVICE WORLD WAR II
See Qualification Book		AS S2c(GB) S2c S1c	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
23. SERVICE SCHOOLS COMPLETED		24. SERVICE (VESSELS AND STATIONS SERVED ON)	
		AFIC, Harrisburg, Pa.-37th USN Const. Batt. USMFS, Bainbridge, Md. USMFS, Bainbridge, Md. NOTC, Davisville, R. I. CBRD, Camp Parks, Shoemaker, Calif. 7th USN Const. Batt. 7th USN Const. Batt.	

IMPORTANT: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTOR'S SUBDIVISION, VETERAN'S ADMINISTRATION, WASHINGTON 25, D. C.				
25. KIND OF INSURANCE	26. EFFECTIVE MONTH OF ALLOTMENT DISCONTINUANCE	27. MO. NEXT PREMIUM DUE	28. AMOUNT OF PREMIUM DUE EACH MONTH	29. INTENTION OF VETERAN TO CONTINUE INS.
NSLI	Nov 45	Dec 45	7.00	No
30. TOTAL PAYMENT UPON DISCHARGE	31. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT	32. INITIAL MUSTERING OUT PAY	33. NAME OF DISBURSING OFFICER	
\$ 234.24	\$ 7.40			

34. REMARKS	35. SIGNATURE (BY DIRECTION OF COMMANDING OFFICER)

36. NAME AND ADDRESS OF LAST EMPLOYER		37. DATES OF LAST EMPLOYMENT	38. MAIN CIVILIAN OCCUPATION AND D. O. T. NO.
(Out of Business)		FROM April 1942 TO April 1944	Shoemaker
39. JOB PREFERENCE (LIST TYPE, LOCALITY, AND GENERAL AREA)		40. PREFERENCE FOR ADDITIONAL TRAINING (TYPE OF TRAINING)	
41. NON-SERVICE EDU. (YRS. SUCCESSFULLY COMPLETED)	42. DEGREES	43. MAJOR COURSE OR FIELD	
GRAM.: 8 H. S.: 4 COLL.: 2			
44. RIGHT INDEX FINGERPRINT	45. OFF DUTY EDUCATIONAL COURSES COMPLETED		
46. DATE OF SEPARATION		47. SIGNATURE OF PERSON BEING SEPARATED	
20 Nov. 45			

THUMB PRINT

ACCEPT

WWII

CHARACTER OF SEPARATION		REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES		DEPARTMENT	
HONORABLE					
1. LAST NAME—FIRST NAME—MIDDLE NAME		2. SERVICE NUMBER		3. GRADE—RATE—RANK AND DATE OF APPOINTMENT	
5. QUALIFICATIONS		6. EFFECTIVE DATE OF SEPARATION		7. TYPE OF SEPARATION	
SPECIALTY NUMBER OR SYMBOL		D.O.T. NUMBER		DAY MONTH YEAR	
8. REASON AND AUTHORITY FOR SEPARATION		9. PLACE OF SEPARATION			
10. DATE OF BIRTH		11. PLACE OF BIRTH (City and State)		12. DESCRIPTION	
YEAR				SEX RACE COLOR HAIR COLOR EYES HEIGHT WEIGHT	
13. REGISTERED		14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)		15. INDUCTED	
YES				DAY MONTH YEAR	
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT		COGNIZANT DISTRICT OR AREA COMMAND			
COMPONENT AND BRANCH OR CLASS					
17. MEANS OF ENTRY OTHER THAN BY INDUCTION		18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE			
<input type="checkbox"/> ENLISTED <input type="checkbox"/> REENLISTED <input type="checkbox"/> COMMISSIONED <input type="checkbox"/> CALLED FROM INACTIVE DUTY					
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE		20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)			
DATE MONTH YEAR		PLACE (City and State)			
STATEMENT OF SERVICE FOR PAY PURPOSES		25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY			
21. NET ( ) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD		A. YEARS B. MONTHS C. DAYS		DAY MONTH YEAR AMOUNT	
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD					
23. OTHER SERVICE (Act of 15 June 1942 as amended) COMPLETED FOR PAY PURPOSES					
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES				26. FOREIGN AND/OR SEA SERVICE	
				YEARS MONTHS DAYS	
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED					
National Defense Service Medal					
28. MOST SIGNIFICANT DUTY ASSIGNMENT		29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)			
30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED		DATES (From-To)		MAJOR COURSE	
				31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED	
GOVERNMENT INSURANCE INFORMATION: If premium is not paid when due, or within thirty-one days thereafter, insurance will lapse. Make checks or money orders payable to the Treasurer of the United States. Forward payments for National Service Life Insurance to the Collections Unit, Veterans Administration District Office having jurisdiction of area in which you maintain your mailing address; for insurance purposes, forward payments for United States Government Life Insurance to Collections Division, Veterans Administration, Washington 25, D. C. When making insurance payments be sure to give full name and mailing address for insurance purposes, service number and policy number(s), if known.					
32. KIND OF INSURANCE (amount and premium due each month)		33. MONTH ALLOTMENT DISCONTINUED		34. MONTH NEXT PREMIUM DUE	
N. S. L. I. U. S. G. L. I.					
35. TOTAL PAYMENT UPON SEPARATION		36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT		37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER	
				I 52 101	
38. SIGNATURE OF OFFICER AUTHORIZED TO SIGN		39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN			
40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)		CLAIM NUMBER			
COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.					
41. DATES OF LAST CIVILIAN EMPLOYMENT:		42. MAIN CIVILIAN OCCUPATION		43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER	
FROM					
44. UNITED STATES CITIZEN		45. MARITAL STATUS		46. NON-SERVICE EDUCATION (Years successfully completed)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				GRAM-HIGH COL-DEGREE(S) MAJOR COURSE OR FIELD	
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)		48. SIGNATURE OF PERSON BEING SEPARATED			



## Certification of Military Service

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*This certifies that*

NAME

*was a member of the*

BRANCH OF SERVICE

*from*

DATES

*to*

*Service was terminated by*

Honorable Release from Active Duty

*Last Grade, Rank, or Rating*

*Active Service Dates*

Same As Above

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

\*\*\*\*\*

*Given at St. Louis, Missouri on*

National Personnel Records Center  
(Military Personnel Records)  
National Archives and Records Administration

**ACCEPT**

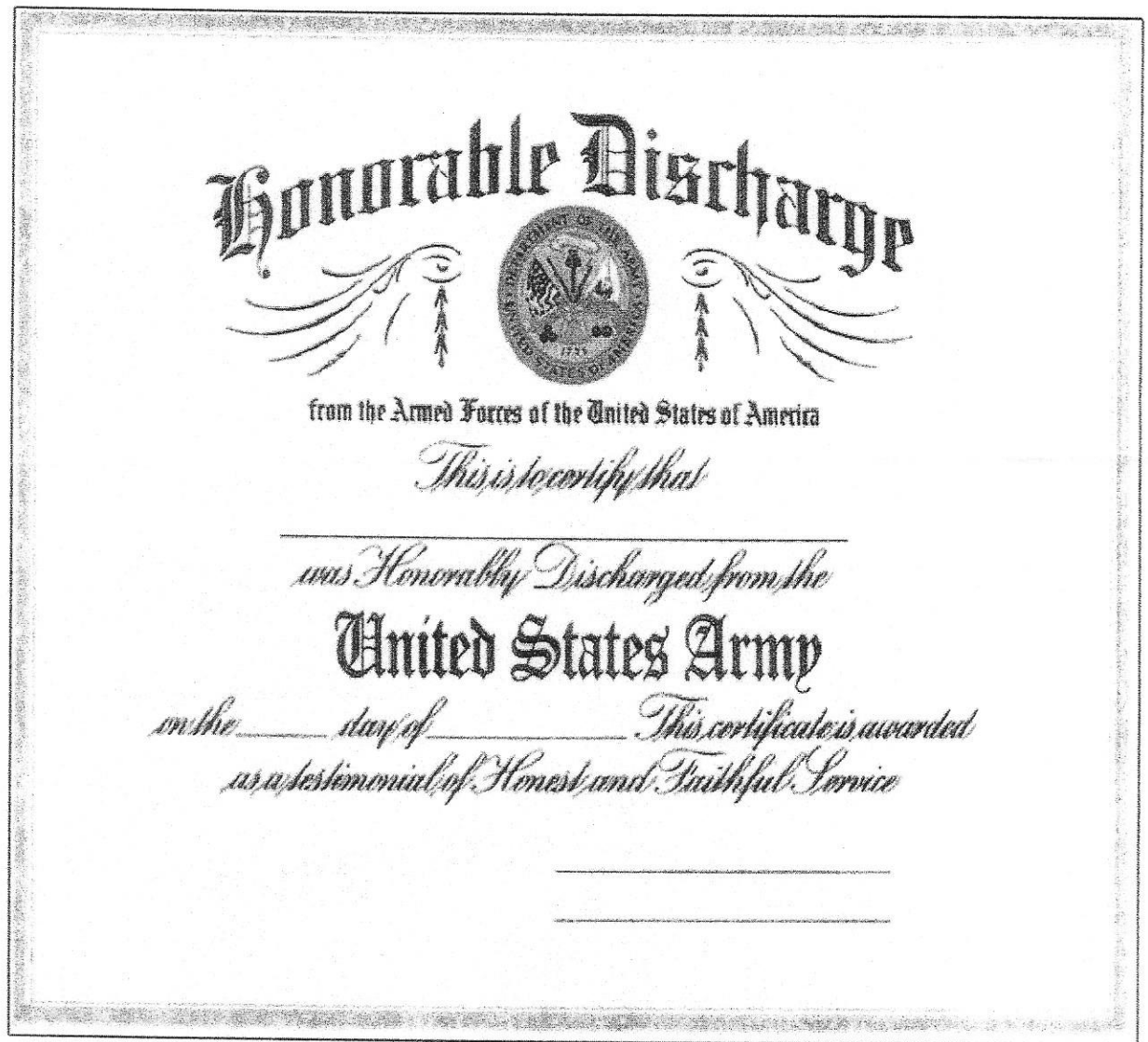
THE ARCHIVIST OF THE UNITED STATES IS THE PHYSICAL CUSTODIAN OF THIS PERSON'S MILITARY RECORD

*This Certification of Military Service is issued in the absence of a copy of the actual Report of Separation or its equivalent. This document serves as verification of military service and may be used for any official purpose. Not valid without official seal.*

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

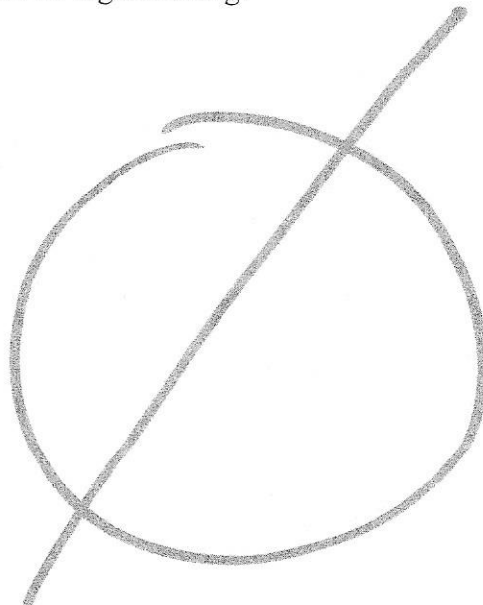
NA FORM 13038 (REV. 04-01)

THIS IS ACCEPTABLE, AS IT REPLACES A DD 214  
THAT WAS ILLEGIBLE OR DESTROYED. NA 13038

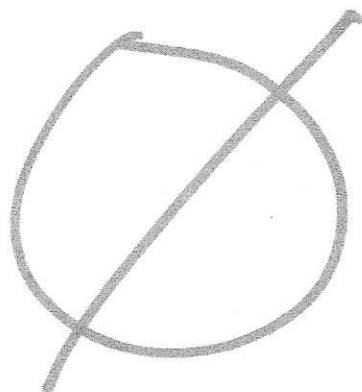


This is just a memorable certificate with no legal bearing.

NOT ACCEPTED







NOT  
ACCEPTED.  
NOT A  
LEGAL  
DOCUMENT.

