



Te Tira Ahu Ika A Whiro

**VETERANS' AFFAIRS**  
New Zealand

# Memorial Order Form (Plaque or Headstone)

Please read the Plaques and Headstone Funding web page before completing this form: [www.va.mil.nz/a-z/plaque-and-headstone-funding](http://www.va.mil.nz/a-z/plaque-and-headstone-funding)

Complete this form if the deceased veteran or spouse/partner is to be interred in a New Zealand service cemetery. It is important that the correct details are provided so that the memorial ordered is correct.

If you wish to apply for a contribution towards the cost of a plaque or headstone where interment will occur in a public or private cemetery please complete the *Memorial Contribution* application form.

## 1 Type of memorial requested

Single - veteran only

Double - both veterans

Single - spouse/partner (non-veteran)

Double - veteran and spouse/partner (non-veteran)

## 2 Veteran's details

Last name

First name/s

Date of birth

Date of death

Which Armed Forces did they serve in?

NZ

Other, please specify

Which war, conflict did they serve in? e.g. Second World War, Borneo etc

## 3 Service information for memorial

Name to appear on memorial

(It is Military standard to show initials only; however, one first name may be shown in full, plus any other initials).

Date of death

Age (optional)

Branch of service (circle one)

Army

/

Navy

/

Air Force

Service number

Highest rank attained

Unit

E.g. 2 BTN, R.N.Z.N, R.N.Z.I.R.

Which emblem do you prefer to be shown? (pick one)

Standard emblem

The official unit emblem

Decorations (e.g. O.B.E., M.M)

I have attached copies of documents to verify service details.

I would like Veterans' Affairs to confirm service details with the New Zealand Defence Force.

#### 4 Details of deceased spouse/partner

Last name

First name/s

Date of birth

Name to appear on memorial

(It is Military standard to show initials only; however, one first name may be shown in full, plus any other initials).

Date of death

Age (optional)

#### 5 Service information for memorial (complete if applicable)

Which Armed Forces did they serve in?

NZ

Other, please specify

Which war, conflict did they serve in? e.g. Second World War, Borneo etc

Service number

Highest rank attained

Branch of service (circle one)

Army / Navy / Air Force

Unit

E.g. 2 BTN, R.N.Z.N, R.N.Z.I.R, N.Z.W.A.A.C.

Which emblem do you prefer to be shown? (pick one)

Standard emblem

The official unit emblem

Decorations (e.g. O.B.E., M.M)

I have attached copies of documents to verify service details.

I would like Veterans' Affairs to confirm service details with the New Zealand Defence Force.

#### 6 Unveiling

Is the memorial required for an unveiling?

No

Yes

If yes, date of unveiling

#### 7 Installation details

Service cemetery

Block/Row/Plot number

Cremation plot

Burial plot

(a plot number is required for Service Cemeteries. Check with funeral Director or council if unsure).

#### 8 Contact details for correspondence

Full name

Relationship to deceased

Postal address

Postcode

Email

Day time phone

Mobile

## Privacy Statement

### You can read our full privacy statement on our website

Your personal information is managed in accordance with the privacy statement on our website:

- [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)

If you would like a copy of this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

### Signature

This form must be signed either by the claimant or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

- Power of Attorney or Enduring power of Attorney (in relation to Property)
- Certificate of Administration (from the Public Trustee)

### I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- I have read and understood the Privacy Statement for Forms on [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs, held by any doctor or health practitioner or named agencies, or service providers, or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014.

## Signature | Please sign

### Claimant or authorised person

Claimant or authorised person name

Claimant or authorised person signature

D D / M M / Y Y Y Y

### Helper | Complete this section if you've helped the claimant to complete this form.

Helper name

Helper's relationship to claimant

**Upon completion, please send your application to:**

Veterans' Affairs  
PO Box 5146  
Wellington 6140  
New Zealand

**OR** [veterans@nzdf.mil.nz](mailto:veterans@nzdf.mil.nz)