

Memorial Contribution (Plaque or Headstone)



APPLICATION FORM

Please read the Plaques and Headstone Funding web page before completing this form: www.va.mil.nz/a-z/plaque-and-headstone-funding After the memorial has been made, complete this form if you wish to apply for a contribution towards the cost of a plaque or headstone where a:

- veteran's interment will occur in a private or public cemetery/urupā
- spouse/partner is to be interred with a veteran interred in a private or public cemetery/urupā.

The private or public cemetery/urupā may be in New Zealand or overseas.

Deceased Veteran's Details

1 What is the deceased veteran's full name?

First name

Middle names

Family name

2 What is the late Veteran's:

Date of birth?

 / /

Date of death?

 / /

3 What is the late Veteran's service number?

↓ Please tick one option below



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

Deceased spouse/partner details (complete if applicable)

5 What is the deceased spouse's/partner's full name?

First name

Middle names

Family name

6 What is the deceased spouse's/partner's:

Date of birth?

 / /

Date of death?

 / /

Memorial details

7 Type of memorial

Veterans' Affairs will pay or contribute towards the cost of a plaque or headstone and its installation up to NZ\$1,000.

Cost of plaque or headstone

\$

Cost of installation

\$



I have attached evidence of cost and proof of payment. i.e. invoice/s & receipt/s.

8 Memorial location

Cemetery

Block

Row

Plot number

Contact details for correspondence

9 What is the contact person's full name?

First name

Middle names

Family name

10 What is their postal address?

Street/PO Box

Suburb

City

Postcode

Country

Contact details for correspondence *continued ...*

11 What are their other contact details?

Email

We will contact you to verify this address

Home phone

Mobile phone

Work phone

12 Bank details

This will be the account Veterans' Affairs will make any payment to.

Name of the account

You must attach **one** of the following



A bank account statement, printout, or letter issued within the last six months that includes the bank's letterhead and stamp, **account holder's name and the account number**, or



A screenshot from a banking app or website that displays **all** of the following:

- The account holder's full name
- The name or logo of the bank, and
- The bank account number.

↓ Email your completed application form and any supporting documents to:

veterans@nzdf.mil.nz

OR

↓ Send your completed application to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140

Privacy Statement

Personal information is managed in accordance with the privacy statement on our website www.va.mil.nz/privacy. If you would like a copy of the privacy statement posted to you, please email veterans@nzdf.mil.nz to request it.

Signature and acknowledgement

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
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs or by or to named agencies held by any doctor or health practitioner or named agencies, or service providers (such as ACC), 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.

Claimant's or authorised person's signature

Signature of claimant or authorised person:

First names:

Surname:

Today's Date:

/ /

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

Helper's relationship to claimant:

First names:

Surname: