



Te Tira Ahu Ika A Whiro

VETERANS' AFFAIRS
New Zealand

Memorial Contribution (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

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.

1 Deceased 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

Service number

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

2 Confirmation of service details (please tick one)

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.

3 Deceased spouse/partner details (complete if applicable)

Last name

First name/s

Date of birth

Date of death

4 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

Attach evidence of cost and proof of payment. i.e. invoice/s & receipt/s

Cost of installation

5 Installation details

Cemetery

Block/Row/Plot number

6 Contact details for correspondence

Full name

Postal address

Postcode

Email

Day time phone ()

Mobile

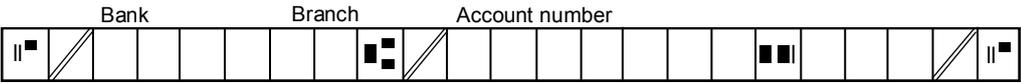
7 Bank Details *This will be the account Veterans' Affairs will make any payment to*

Name of bank

Branch

Account name

 Attach a copy of your bank statement showing the account number and name **OR** a pre printed deposit slip.



Upon completion, please send your application to:

Veterans' Affairs **OR** veterans@nzdf.mil.nz
 PO Box 5146
 Wellington 6140
 New Zealand

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

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
- 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