



Military Funeral Honors Program
30 West Mifflin Street, P.O. Box 7843 Madison, WI 53707-7843
PHONE: (877)944-6667
WEB SITE: <http://dva.state.wi.us/>
FAX: (608) 264-7616

Form 2801 – Funeral Director’s Statement

This form is used to verify that military honors were rendered for an *eligible* Veteran and to ensure reimbursement to the Veterans Service Organizations. If the military honors indicated on this form were **NOT** coordinated through the Department of Veterans Affairs Military Funeral Honors Program office then this Form must be submitted accompanied by a copy of the veterans DD214. If no DD214 is available Part II and III of WDVA Form 2800 must be filled out and submitted. Funeral Directors coordinating honors through WDVA MFH will have already met this requirement; therefore only this form will be necessary to be submitted. All required information must be provided to generate payment. (WDVA Form 2801, DD 214 and WDVA Form 2800 Part II and III if no DD214 is attached).

NAME OF DECEASED VETERAN: _____

DATE OF BIRTH: _____ RANK: _____

Branch of Service: ARMY NAVY AIR FORCE MARINES COAST GUARD AAF / AAC

DATE MILITARY FUNERAL HONORS PROVIDED: _____

LOCATION OF HONORS: _____

ORGANIZATION THAT PROVIDED MILITARY HONORS: _____

POINT OF CONTACT: _____

ADDRESS: _____

PHONE NUMBER: _____

WAS DECEASED VETERAN A MEMBER OF THE POST CONDUCTING HONORS? YES NO

THIS BOX TO BE COMPLETED BY FUNERAL HOME REPRESENTATIVE ONLY

THE MILITARY HONORS WERE PERFORMED IN AN ACCEPTABLE MANNER? YES NO

COMMENTS/SUGGESTIONS: _____

NAME OF FUNERAL HOME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

PRINTED NAME: FUNERAL HOME POINT OF CONTACT: _____

SIGNATURE POINT OF CONTACT

This statement, along with required verification documents should be faxed or mailed to:

Military Funeral Honors Program
Wisconsin Department of Veterans Affairs
Attn: Zolonda Eubanks
30 West Mifflin Street
P.O. Box 7843
Madison, WI 53707-7843

FAX Number: (608)-264-7616