



**APPLICATION FOR A VETERAN SERVICE ORGANIZATION TO HANDLE UNCLAIMED CREMATED REMAINS OF VETERANS**  
*In Accordance with IC 23-14-54.5*  
 State Form 56669 (3-19)

Indiana Department of Veterans Affairs  
 302 W. Washington St. Room E-120  
 Indianapolis, IN 46204



*Mail or Hand Deliver only. DO NOT FAX.*

Name of Veteran Service Organization (VSO): \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Point of Contact Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

As a Veteran Service Organization (VSO), we agree to handle unclaimed cremated remains of veterans in accordance with the following provisions of IC 23-14-54.5:

1. Transport the cremated remains to state or national cemetery.
2. Inter, entomb, or inurn the cremated remains in the state or national cemetery in accordance with any applicable state or federal law.
3. Provide the funeral director who released the cremated remains the following information concerning the location of the cremated remains that were interred, entombed or inurned:
  - a. The city and state
  - b. The cemetery name
  - c. The plot
  - d. The name of the cemetery owner
  - e. The date the cremated remains were interred, entombed or inurned
  - f. The contact information of the veterans' service organization

I verify that the aforementioned Veteran Service Organization complies with the following:

1. Qualified as tax-exempt under Section 501(c)(3) or 501(c)(19) of the Internal Revenue Code;
2. Organized for the verification and burial of veterans and dependents of veterans;
3. Is recognized by the United States Department of Veterans Affairs and/or Federally chartered by the Congress of the United States.

By signing below, I agree to comply with the provisions of IC 23-14-54.5 and all other applicable laws.

**Printed Name of VSO Authorized Official:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date (mm/dd/yyyy):** \_\_\_\_\_

**TO BE COMPLETED BY THE INDIANA DEPARTMENT of VETERANS AFFAIRS ONLY.**

APPROVED

DENIED

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_