For timely response, fax this form to the Indiana Department of Veterans' Affairs at (317) 232-7721.

POST INFORMATION					
Name of post or chapter			Number of post or chapter		
Address (number and street, city, state, and ZIP code)					
Telephone number	Fax number		E-mail address		
()	())			
VETERAN INFORMATION					
Name of veteran			Date of death (month, day, year)		Date of funeral (month, day, year)
Served during what period? (World War II, Korea, Vietnam, etc.) Character of service			Branch of serv		vice
Name of next of kin					
Address of next of kin (number and street, city, state, and ZIP code)					
FOR STATE USE ONLY					
Permission is given to fly the National Colors at half-staff for the period of time between learning of the death of a veteran post or chapter member until the morning following the burial of the veteran.					
Signature of director of Indiana Department of Veterans' Affairs / authorized representative					Date (month, day, year)