

CHECK TYPE HEADSTONE DESIRED

- UPRIGHT MARKER
 FLAT MARKER

APPLICATION FOR HEADSTONE

(PLEASE MAKE OUT AND RETURN IN DUPLICATE)

Enlistment dates _____
 Discharge dates _____
 Pension number _____

ORIGINAL

Name	Rank	Company	U. S. Regiment, State Organization, or Vessel	Date of Death	

Name of Cemetery	Located in or near—		If World War Veteran—		
	City	State	Division	State	Emblem
					Christian Hebrew None

To be shipped to _____, at _____
(Name of consignee) (Give R. R. station, county, and State)

Whose post-office address is _____

DO NOT WRITE HERE
To A. G. O. _____
Ordered _____
B/L _____
Shipped _____

This application is for the UNMARKED grave of a veteran. It is understood the stone will be furnished and delivered at the railroad station or steamboat landing above indicated, at Government expense, freight prepaid. I hereby agree to accept promptly the headstone at destination, remove it, and properly place same at decedent's grave at my expense. **NO FEE SHOULD BE PAID IN CONNECTION WITH THIS APPLICATION.**

_____, Applicant.

Address _____ Date _____

WAR DEPARTMENT O. Q. M. G. Form No. 623
 Approved Aug. 12, 1913
 Revised May 18, 1931
 Revised Feb. 15, 1937

GPO 3-8654

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