

IMPORTANT: Read the instruction sheet before completing this form. Type or print in caps (except signatures).

Form Approved  
OMB No. 76-RO668

1. NAME OF DECEASED AS DESIRED ON HEADSTONE OR MARKER			<input type="checkbox"/> CHECK IF REMAINS NONRECOVERABLE	12. APPLICANT'S NAME AND ADDRESS (No. and street, city, State and ZIP CODE)	
FIRST (Or initial)	MIDDLE (Or initial)	LAST		James Whittinghill Meadowbrook Drive Harrodsburg, Ky. 40330	
Grover	David	Whittinghill			
NOTE—Shaded blocks are optional inscription items. See Inscription Information.					
2. HIGHEST RANK ATTAINED	3. BRANCH OF SERVICE	4. WAS DECEASED AWARDED MEDAL OF HONOR?		13. AREA CODE AND PHONE NO.	
Unknown	U.S. Army	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		606-734-3845	
5. WAR SERVICE				14. RELATIONSHIP TO DECEASED	
<input type="checkbox"/> WWI <input checked="" type="checkbox"/> WWII <input type="checkbox"/> KOREA <input type="checkbox"/> VIET-NAM <input type="checkbox"/> OTHER (Specify in Item 24) <input type="checkbox"/> NONE				Brother	
6. YEAR OF BIRTH *		7. YEAR OF DEATH *		I accept responsibility for placement of the headstone or marker at no expense to the Government. I certify that all statements made are true and correct to the best of my knowledge.	
July 28, 1919		June 7, 1980		15. SIGNATURE OF APPLICANT	
*Give complete dates (month, day, year) if desired on inscription.				David Whittinghill	
8. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)				16. DATE	
<input type="checkbox"/> UPRIGHT MARBLE <input type="checkbox"/> FLAT MARBLE <input checked="" type="checkbox"/> FLAT GRANITE <input type="checkbox"/> FLAT BRONZE				6-13-80	
9. RELIGIOUS EMBLEM, IF DESIRED (Check one)				17. NAME AND ADDRESS OF PERSON, CEMETERY, OR FIRM OFFICIAL WHO WILL ACCEPT DELIVERY (No. and street, city, State and ZIP CODE)	
<input checked="" type="checkbox"/> CROSS (Christian) <input type="checkbox"/> STAR OF DAVID (Jewish) <input type="checkbox"/> WHEEL OF RIGHT-EOUSNESS (Buddhist) <input type="checkbox"/> NONE				Alexander & Royalty Funeral Home 304 East Lexington St. Harrodsburg, Ky. 40330	
10. SERVICE NO., SOCIAL SECURITY NO., OR VA CLAIM NO.				18. AREA CODE AND PHONE NO.	
10-591-755 404-14-6518				606-734 3361-	
11. SERVICE INFORMATION (Last period of active duty)				I agree to accept headstone or marker on behalf of applicant.	
A. DATE ENTERED (Month, day, year)		B. DATE RELEASED (Month, day, year)		19. SIGNATURE OF PERSON TO ACCEPT DELIVERY	
Oct. 14, 1940		May 9, 1946		Lucy S. Sanders	
FOR USE OF VETERANS ADMINISTRATION				20. DATE	
INSCRIPTION DATA				6-13-80	
US Army / WWII				21. NAME AND LOCATION OF CEMETERY (City and State)	
ORDER NO. MAZ-22520				Spring Hill Harrodsburg, Ky. 40330	
DATE ORDERED AUG 8 1980				The headstone or marker of the type checked in item 8 will be permitted on the unmarked plot or grave of the named deceased.	
Max Mon. Service				22. SIGNATURE OF CEMETERY OFFICIAL	
				Lucy S. Sanders J.D.	
				23. DATE	
				6-13-80	



NOTE—Before making any entries on this side of the form, reverse the carbon paper.

24. USE THIS SPACE, IF NECESSARY, TO CONTINUE YOUR ENTRIES FOR OTHER ITEMS, FOR REMARKS, OR FOR ADDITIONAL INSCRIPTION ITEMS AT PRIVATE EXPENSE.

RECEIVED

JUL 14 10 49 AM '80

FOR USE OF VETERANS ADMINISTRATION

TO INSCRIPTION	TO ORDER	TO TRANSPORTATION
JUL 17 1980	JUL 22 1980	ADMINISTRATION
TO RESOLUTION	SUSPENDED	REACTIVATED
CANCELED	RENEWAL	REPLACEMENT