

APPLICATION FOR INTERMENT REQUEST

DECEDENT'S INFORMATION

Status: Retiree Veteran Active Duty/KIA Spouse Dependent
Last Name: _____ First Name: _____ Middle or Initial _____
SSN: _____ Date of Birth: _____ Date of Death: _____
Marital Status (circle): Married Single Divorced Legally separated
Interment Type: Casket Cremation In-Ground Cremation Niche Wall IMO
Has decedent ever been convict of a state or federal crime? Yes No
Is spouse already interred in this cemetery: Yes No n/a
If not, will spouse be interred in this cemetery: Yes No n/a
If yes, what is the spouse's name: _____
Preferred date and time of service: _____

SERVICE RECORD (DD Form 214 or equivalent document MUST be attached)

Branch of Service: _____ Highest Rank: _____
Date of Entry: _____ Date of Separation/Retirement: _____

CONTACT / NEXT OF KIN INFORMATION

Last Name: _____ First Name: _____ Middle or Initial _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ Email: _____
Relationship to Decedent: _____

FUNERAL HOME INFORMATION

Name _____ Representative _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ Email: _____

AUTHORIZATION

I certify to the best of my knowledge that all the information provided is correct and true.

Printed Name: _____

Signature: _____ Date: _____

This form must be received by the cemetery office before an interment can be scheduled

