MONUMENT INSCRIPTION REQUEST

WESTERN MONTANA STATE VETERANS CEMETERY
1911 Tower Street, Missoula, MT  59804
Phone: 406-721-2995   Fax: 406-417-3287
Email: matt.manning@mt.gov

Marble Headstone Information: This form must be received by the Cemetery office no later than 10 working days after the service. If we do not hear from you within the 10 working days after the interment, we will order the headstone on behalf of the family with the information we have on hand. There are 11 lines of text available on an upright headstone. If an emblem of belief is requested, it will be inscribed at the top of the headstone. The Name is inscribed on the first two or three lines – each with a maximum of 13 characters, including spaces. All other lines have a maximum of 15 characters including spaces. Once the mandatory part of the inscription is complete, the family may use the remaining lines to include a personalized inscription of their choice.

Emblem of Belief _____________________________________________________________ (See next Page)

1. __ I __ N __ M __ E __ M __ O __ R __ Y __ O __ F __

2. First Name: ____________________________
   *Nicknames not allowed on name line. Diminutives (Bill for William) are acceptable

3. Middle Name (or initial): ____________________________
   *If there is not middle name, this should be the last name and everything else moves up

4. Last Name: ____________________________

5. Highest Military Rank: ____________________________
   *No Pay Grades

6. Branch of Service: ____________________________

7. War Periods: ____________________________

8. Month/Day/Year of Birth: ____________________________

9. Month/Day/Year of Death: ____________________________

10. Military Awards: ____________________________
   *Proof Required

11. Additional Inscription: ____________________________

I understand that the information is due no later than 10 working days after the interment. Once submitted, the cemetery will only accept changes to the monument request if a factual error has occurred.

Signature of Next of Kin or Authorized Representative ____________________________
Relationship ____________________________
Date ____________________________

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