



APPLICATION FOR INTERMENT REQUEST



this form must be received by the Cemetery Office before an interment can be scheduled

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

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: _____

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: _____