

MONTANA STATE VETERANS CEMETERIES APPLICATION FOR INTERMENT REQUEST



DECEDENT'S INFORMATION

Status (circle): Retiree	Veteran Active	Duty/KIA	Guard	d/Reserve	Spouse	Dependent	
	First Name:				-		
	Date of Birth:						
Marital Status: Married							
Interment Type: Casket	Cremation In-Gro	ound Cre	mation	Niche Wall	IMO (Ir	n Memory Of)	
State of Residence:		County of	Reside	nce:			
Preferred date and time of so							
Has decedent ever been con-	vict of a state, fede	ral crime, or	a sex o	offender?	Yes 1	No	
Is spouse already interred in	this cemetery:	Yes	No	n/a			
If not, will spouse be interred	d in this cemetery:	Yes	No	n/a			
If yes, what is the spouse's n	ame:						
Do you have any permanent	y disabled unmarri	ed adult chi	ldren:	Yes No	n/a		
SERVICE RECORD (DD- 214, N	NGB22, DD-1300 or	equivalent	docum	ent MUST be	attached)	
Branch of Service: Highest Rank:							
Date of Entry:							
VA Compensable Disability:	Yes (see VSO)	No n/a	,	VA Disability	Rating:	%	
CONTACT / NEXT OF KIN INF	ORMATION						
Last Name:	First Name:			Middle:			
Address:							
City:		State:			Zip:		
Phone: ()							
Relationship to Decedent:							
FUNERAL HOME INFORMAT	ION						
Name:	Funeral			l Director:			
Address:							
City:		State: _			Zip:		
Phone: ()	Em	ail:					
AUTHORIZATION							
I certify to the best of my kno	owledge that all the	e informatio	n provi	ded is correc	ct and true	2.	
Printed Name:							
Signature:				Da	te:		

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

Eastern Montana State Veterans Cemetery, PO Box 1741, Miles City, Montana 59301 kurt.holmlund@mt.gov | Phone: (406) 218-2945 | Fax: (406) 232-2019

Montana State Veterans Cemetery, PO Box 76, Fort Harrison, Montana 59604 ezra.wooten@mt.gov | Phone: (406) 324-4793 | Fax: (406) 417-3301

Western Montana State Veterans Cemetery, 1911 Tower Street, Missoula, Montana 59804 jeremy.millert@mt.gov | Phone: (406) 721-2995 | Fax: (406) 417-3287