APPLICATION FOR INTERMENT IN
THE ARKANSAS STATE VETERANS CEMETERY
BIRDEYE, ARKANSAS
(Please print or type)

Veteran's Name_____
LAST FIRST MIDDLE

Address_____
STREET CITY STATE ZIP

Home Phone_____ Work Phone_____

Social Security Number_____-_____-_____ Service Number_____

Branch of Service_____ Date Entered Service_____ Discharge Date_____
(MM / DD / YYYY) (MM / DD / YYYY)

Type of Discharge_____ Highest Rank_____ Veterans Date of Birth_____
(MM / DD / YYYY)

Spouse's Name_____
LAST FIRST MIDDLE

Spouse's Date of Birth_____ Spouse's Social Security Number_____-_____-_____
(MM / DD / YYYY)

Signature of veteran/spouse or next of kin_____

Relationship to veteran_____

Please mail completed form along with a copy of your DD-214
or equivalent and marriage license (if married)
(scanned documents are accepted) to:

Arkansas State Veterans Cemetery
1501 W. Maryland Avenue
North Little Rock, Arkansas 72120

If you have additional questions please contact us at (501) 683-2259 or Fax: (501) 992-0162
Email: adva@arkansas.gov
Additional information may be found on our web site at www.veterans.arkansas.gov