

ARKANSAS STATE VETERANS CEMETERY INTERMENT APPLICATION

Received in Office

Date: _____

Time: _____

Please print the name on the line below the way the family desires the headstone to read. Depending on the length of the name, only the middle initial may be allowed on headstone.

DECEDENT'S INFORMATION

First Name	Middle	Last Name	Suffix
Social Security Number	Date of Death	Date of Birth	Place of Birth
Male/Female			

Marital Status: () Married () Divorced () Never Married () Separated () Widowed* () Unknown

* If Widowed, please provide where spouse is located _____

INTERMENT INFORMATION

Date of Interment:		Time:		Full Casket:		Section:		
Outside Container:				Oversize:		Grave No:		
ONLY VA LINERS				Cremation:		Above/In ground:		
							Honors:	

NEXT OF KIN INFORMATION

First Name	Middle	Last Name	Suffix
Address	City	State	County
			Zip Code
Phone Number	Date of Birth	SSN	Relationship to Decedent

VETERAN'S SERVICE INFORMATION (Please submit discharge if this is first interment)

First Name	Middle	Last Name	Suffix
Social Security Number	Service Number	VA Claim Number	Character of Discharge
Branch of Service	Highest Rank	Date of Entry	Date of Release

FAMILY INFORMATION

Family Member	Point of Contact	Phone Number	Email
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FUNERAL HOME INFORMATION

Funeral Home	Point of Contact	Phone Number	Fax Number
Address		City	State
			Zip Code
Email:		Cell Phone Number:	

FOR CEMETERY USE ONLY

\$300 Dependent Fee:		Confirmed by:		Headstone Ordered:	
Date Received:		DD214 ()	VARO ()	Headstone Received:	
				Headstone Set:	
Eligible		RMC:		BIRLS ()	
() Yes () No		NPRC STL:		VSO Name:	

Approved: _____

Date: _____