

# 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

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

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

\* If Widowed, please provide where spouse is located \_\_\_\_\_

## INTERMENT INFORMATION

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

## NEXT OF KIN INFORMATION

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

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

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

## FAMILY INFORMATION

<b>Family Member</b>	<b>Point of Contact</b>	<b>Phone Number</b>	<b>Email</b>
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## FUNERAL HOME INFORMATION

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

## FOR CEMETERY USE ONLY

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

Approved: \_\_\_\_\_

Date: \_\_\_\_\_