



**ARKANSAS STATE VETERANS CEMETERY**  
 1501 West Maryland Ave., North Little Rock, AR 72120  
 Phone: (501) 683-2259 Fax: (501) 992-1049  
 www.veterans.arkansas.gov

ADVA DATE RECEIVED STAMP  
 (DO NOT WRITE IN THIS SPACE)

**VETERAN'S PERSONAL INFORMATION (TYPE OR PRINT)**

LAST	FIRST	MIDDLE	SUFFIX (Jr., Sr.)
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DID THE VETERAN SERVE UNDER ANOTHER NAME?  NO  YES IF YES, LIST OTHER NAME

ADDRESS (NUMBER, STREET, ROUTE, BOX, APT)	CITY	STATE	ZIP
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PHONE (HOME)	PHONE (OTHER)	DATE OF BIRTH mm/dd/yyyy	PLACE OF BIRTH	SOCIAL SECURITY NUMBER
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MARITAL STATUS: MARRIED  DIVORCED  SEPARATED  WIDOWED  NEVER MARRIED

**VETERAN'S MILITARY SERVICE INFORMATION**

BRANCH OF SERVICE (CHECK ALL THAT APPLY)

ARMY  NAVY  AIR FORCE  ARMY AIR FORCES  MARINE CORPS  COAST GUARD  MERCHANT MARINE  OTHER (Specify)  \_\_\_\_\_

SERVICE NUMBER	HIGHEST RANK	TYPE OF DISCHARGE	<i>FIRST PERIOD OF SERVICE</i> (mm/dd/yyyy)	
			DATE OF ENTRY	DATE OF SEPARATION

PERIOD(S) OF SERVICE: WWII  KOREA  VIETNAM

PERSIAN GULF  IRAQ  AFGHANISTAN  OTHER (Specify)  \_\_\_\_\_

NATIONAL GUARD / RESERVES (20 years qualifying service/retired)

<i>SECOND PERIOD OF SERVICE</i> (mm/dd/yyyy)	
DATE OF ENTRY	DATE OF SEPARATION

**SPOUSE'S OR QUALIFYING DEPENDENT'S PERSONAL INFORMATION**

LAST	FIRST	MIDDLE	SUFFIX (Jr., Sr.)
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DATE OF BIRTH mm/dd/yyyy	SOCIAL SECURITY NUMBER	CHECK IF ALSO A VETERAN <input type="checkbox"/>
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**NEXT OF KIN (IF NOT SPOUSE)**

LAST	FIRST	MIDDLE	SUFFIX (Jr., Sr.)
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ADDRESS (NUMBER, STREET, ROUTE, BOX, APT)	CITY	STATE	ZIP
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PHONE (HOME)	PHONE (OTHER)	RELATIONSHIP TO VETERAN
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**I certify that all information I have provided on this application and the supporting documentation is true and correct to the best of my knowledge.**

Signature of veteran/spouse or next of kin: \_\_\_\_\_

Relationship to veteran: \_\_\_\_\_

TODAYS DATE \_\_\_\_\_

Please mail or fax completed signed form along with a copy of ALL DD-214's or equivalent (to verify service dates and highest rank held) and marriage license (if married) to

Arkansas State Veterans Cemetery: Pre-Eligibility Office  
 3600 HWY 162, Birdeye, AR 72324 | FAX: (870) 588-4666