PRE-ELIGIBILITY APPLICATION FOR INTERMENT IN NORTH LITTLE ROCK

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.)

DID THE VETERAN SERVE UNDER ANOTHER NAME? ☐ NO ☐ YES | IF YES, LIST OTHER NAME

ADDRESS (NUMBER, STREET, ROUTE, BOX, APT)	CITY	STATE	ZIP

PHONE (HOME)	PHONE (OTHER)	DATE OF BIRTH mm/dd/yyyy	PLACE OF BIRTH	SOCIAL SECURITY NUMBER

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

PERIOD(S) OF SERVICE: WWII ☐ KOREA ☐ VIETNAM ☐

PERSIAN GULF ☐ IRAQ ☐ AFGHANISTAN ☐ OTHER *(Specify)* ☐ _____

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

FIRST PERIOD OF SERVICE *(mm/dd/yyyy)*

DATE OF ENTRY	DATE OF SEPARATION

SECOND PERIOD OF SERVICE *(mm/dd/yyyy)*

DATE OF ENTRY	DATE OF SEPARATION

SPOUSE'S OR QUALIFYING DEPENDENT'S PERSONAL INFORMATION

LAST	FIRST	MIDDLE	SUFFIX (Jr., Sr.)

DATE OF BIRTH mm/dd/yyyy	SOCIAL SECURITY NUMBER	CHECK IF ALSO A VETERAN ☐
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NEXT OF KIN (IF NOT SPOUSE)

LAST	FIRST	MIDDLE	SUFFIX (Jr., Sr.)

ADDRESS (NUMBER, STREET, ROUTE, BOX, APT)	CITY	STATE	ZIP

PHONE (HOME)	PHONE (OTHER)	RELATIONSHIP TO VETERAN

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: _____ _____ TODAYS DATE

Relationship to veteran: _____

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

Arkansas State Veterans Cemetery North Little Rock
1501 West Maryland Ave, North Little Rock AR 72120 | FAX: 501-992-1049