

Arkansas State Veterans Cemetery

1501 West Maryland Avenue

North Little Rock, Arkansas 72120

Phone: (501) 683-2259 Fax: (501) 992-0162

WWW.VETERANS.ARKANSAS.GOV

CERTIFICATION OF MONUMENT DATA

NAME

DATE OF BIRTH

DATE OF DEATH

BRANCH OF SERVICE

GRADE, RATE OR RANK

(Please indicate by placing an "X")

CHRISTIAN CROSS

STAR OF DAVID

NO EMBLEM

OTHER (Specify)

ADDITIONAL INSCRIPTION

ADDITIONAL INSCRIPTION may be inscribed at NO expense. Examples include appropriate terms of endearment, nicknames (in expressions such as "OUR BELOVED POPPY", "LOVING SISTER, MOTHER, AND GRANNY", etc.), military or civilian credentials or accomplishments such as DOCTOR, REVEREND, etc., and special unit designations such as as WOMEN'S ARMY CORPS, ARMY AIR CORPS, ARMY NURSE CORPS, SAILOR, INFANTRY, NAVY SEAL or SEABEES.

IMPORTANT

Please complete the sections above. Return this form to our office within three (3) working days of receipt of this form. The monument will be ordered after receipt of this completed form. Thank you for your attention to this important matter.

I hereby certify that the above information is correct

RELATIONSHIP TO DECEDENT

SIGNATURE OF NEXT OF KIN

DATE