

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 NICHE DATA

~FOR COLUMBARIUM CREMATIONS ONLY~

NAME

DATE OF BIRTH

DATE OF DEATH

BRANCH OF SERVICE

GRADE, RATE OR RANK

PERIOD OF SERVICE

TYPE OF RELIGIOUS EMBLEM

(Please indicate by placing an "X")

CHRISTIAN CROSS

STAR OF DAVID

NO EMBLEM

OTHER (Specify)

IMPORTANT

Please complete the highlighted sections above. Return this form to our office within three (3) working days of receipt of this form. The niche cover 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