



**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? <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>			

**VETERAN'S MILITARY SERVICE INFORMATION**

BRANCH OF SERVICE (CHECK ALL THAT APPLY)

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

SERVICE NUMBER	HIGHEST RANK	TYPE OF DISCHARGE	<u>FIRST PERIOD OF SERVICE</u> (mm/dd/yyyy)	
			DATE OF ENTRY	DATE OF SEPARATION
PERIOD(S) OF SERVICE:    WWII <input type="checkbox"/> KOREA <input type="checkbox"/> VIETNAM <input type="checkbox"/>			<u>SECOND PERIOD OF SERVICE</u> (mm/dd/yyyy)	
PERSIAN GULF <input type="checkbox"/> IRAQ <input type="checkbox"/> AFGHANISTAN <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> _____			DATE OF ENTRY	DATE OF SEPARATION
NATIONAL GUARD / RESERVES (20 years qualifying service/retired) <input type="checkbox"/>				

**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 <input type="checkbox"/>	
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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: \_\_\_\_\_      \_\_\_\_\_  
 Relationship to veteran: \_\_\_\_\_      TODAY'S DATE

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