

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

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IMPORTANT

Please complete the sections above. Return this form to our office within three (3) 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

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North Little Rock, Arkansas 72120

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CERTIFICATION OF NICHE DATA

~FOR COLUMBARIUM CREMATIONS ONLY~

NAME

DATE OF BIRTH

DATE OF DEATH

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) 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