

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

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: _____

TODAYS 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 the address above.