



ARKANSAS STATE VETERANS CEMETERY
 1501 West Maryland Ave., North Little Rock, AR 72120
 Phone: (501) 683-2259 Fax: (501)992-0162
 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.)
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DID THE VETERAN SERVE UNDER ANOTHER NAME? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, LIST OTHER NAME
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ADDRESS (NUMBER, STREET, ROUTE, BOX, APT)	CITY	STATE	ZIP
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PHONE (HOME)	PHONE (OTHER)	DATE OF BIRTH mm/dd/yyyy	PLACE OF BIRTH	SOCIAL SECURITY NUMBER
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MARITAL STATUS: MARRIED DIVORCED SEPARATED WIDOWED NEVER MARRIED

VETERAN'S MILITARY SERVICE INFORMATION

BRANCH OF SERVICE (CHECK ALL THAT APPLY)

ARMY NAVY AIR FORCE AIR FORCES ARMY CORPS 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"/>

NEXT OF KIN (IF NOT SPOUSE)

LAST	FIRST	MIDDLE	SUFFIX (Jr., Sr.)
ADDRESS (NUMBER, STREET, ROUTE, BOX, APT)		CITY	STATE
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 equivalent (to verify service dates and highest rank held) and marriage license (if married) to Fax: (501)992-0162