



**ARKANSAS STATE VETERANS CEMETERY**

3600 HWY 163 Birdeye, Arkansas 72324

Phone (870) 588-4608 Fax (870) 588-4666

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?  NO  YES IF YES, LIST OTHER NAME

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

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

**SPOUSE'S OR QUALIFYING DEPENDENT'S PERSONAL INFORMATION**

LAST	FIRST	MIDDLE	SUFFIX (Jr., Sr.)
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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.)
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ADDRESS (NUMBER, STREET, ROUTE, BOX, APT)	CITY	STATE	ZIP
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PHONE (HOME)	PHONE (OTHER)	RELATIONSHIP TO VETERAN
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**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