

Arkansas Department of Veterans Affairs

Arkansas State Veterans Cemetery 1501 West Maryland Avenue North Little Rock, Arkansas 72120 Telephone (501) 683-2259/ Fax (501) 992-0162



Sarah Sanders Governor Kendall Penn Secretary of ADVA

AGREEMENT FOR BURIAL OF CREMATED REMAINS

cemetery under Chapter 24, Title 38, Ur permitted by law, or as stated in the "No	nited States Code. The i otices of Systems of VA F	n is required to permit a burial in a national information may be disclosed outside the VA as Records" which have been published in the ailure to provide the required date may result in
This agreement made this	day of	, 20
by		, witnesseth. zed representative)
(Name of le	gal next of kin or authori	zed representative)
I hereby	agree to have the crem	ated remains of
	(Name of decease	d)
Interred in Section/Columbarium(loc	, Row	Grave/Niche
		Veterans' Cemetery will allow the division of 40-4444, Interment Statement for Divided
	Cemetery. I also unders	ot eligible for interment or memorialization in tand that my loved one is not authorized to or niche cover.
	e event that my remains ested, the cremated rema	cremated remains only and will not or the remains of an eligible dependent are not ains of vill be relocated to the gravesite wherein the
casketed remains are placed. I authorize the cremated remains to the regular gra	zed the Director of the Ar	rkansas State Veterans Cemetery to relocate
It is further understood that if this for casketed remains, all subsequent in		I status and there are no available gravesites d only if inurned.
		(Signature)

Based on VA-Form 40-4987

Revised: 01/11/2022

(Printed Name)

(Address)