## Arkansas State Veterans Cemetery

3600 Hwy 163 Cherry Valley, AR 72324

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

WWW.VETERANS.ARKANSAS.GOV

## **CERTIFICATION OF NICHE DATA**

NAME

DATE OF BIRTH		DATE OF DEATH	
DDANOU OF OFDWO		ODADE DATE OD DANK	
BRANCH OF SERVICE		GRADE, RATE OR RANK	
PERIOD OF SERVICE			
I hereby certify that the above information is correct			
RELATIONSHIP TO DECEDENT	SIGNATURE OF NEXT OF KIN		DATE
TYPE OF RELIGIOUS EMBLEM			

## **IMPORTANT**

(Please indicate by placing an "X")

**NO EMBLEM** 

STAR OF DAVID

OTHER (Specify)

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

**CHRISTIAN CROSS**