

ARKANSAS STATE VETERANS CEMETERY INTERMENT APPLICATION

Received in
Office

Date:

Time:

DECEDENT'S INFORMATION

First Name	Middle	Last Name	Suffix
Social Security Number	Date of Death	Date of Birth	Place of Birth
Male/Female			

Marital Status: () Married () Divorced () Never Married () Separated () Widowed* () Unknown

* If Widowed, please provide where spouse is located _____

INTERMENT INFORMATION

Date of Interment:	Time:	Full Casket:	Section:
Outside Container:		Oversize	Grave No:
ONLY VA LINERS		Cremation:	Above/In ground:
			Honors:

NEXT OF KIN INFORMATION

First Name	Middle	Last Name	Suffix
Address	City	State	County
Phone Number	Date of Birth	SSN	Relationship to Decedent
Zip Code			

VETERAN'S SERVICE INFORMATION (Please submit discharge if this is first interment)

First Name	Middle	Last Name	Suffix
Social Security Number	Service Number	VA Claim Number	Character of Discharge
Branch of Service	Highest Rank	Date of Entry	Date of Release

FAMILY INFORMATION

Family Member	Point of Contact	Phone Number	Email
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FUNERAL HOME INFORMATION (IF DELIVERING TO CEMETERY)

Funeral Home	Point of Contact	Phone Number	Fax Number
Address	City	State	Zip Code
Email:	Cell Phone Number:		

FOR CEMETERY USE ONLY

Dependent Fee of \$807.00:	Confirmed by:	Headstone Ordered:	
Date Received:	DD214 () VARO ()	Headstone Received:	
		Headstone Set:	
Eligible () Yes () No	RMC:	BIRLS ()	
	NPRC STL:	VSO Name:	

Approved:

Date: