



# Texas State Veterans Cemeteries Interment Application

Select Cemetery Location    ☆ Abilene, TX    ☆ Corpus Christi, TX    ☆ Killeen, TX    ☆ Mission, TX

**CONFIDENTIALITY CLAUSE:** Please indicate whether you would like the following information about the decedent withheld from public disclosure: home address, home telephone number, next of kin information, emergency contact information, date of birth, social security number and any other information that reveals whether the decedent has family members.    ☐ Yes    ☐ No

## SECTION I – DECEDENT INFORMATION

First Name	Middle Name	Last Name	Suffix
Social Security #		Date of Birth	Date of Death
City	State	Zip Code	County

### Decedent Status

☐ Veteran    ☐ Spouse    ☐ Dependent Child    ☐ Gold Star Parent    ☐ Other Eligible Relative

### Marital Status

☐ Married    ☐ Divorced    ☐ Separated    ☐ Widowed    ☐ Single

## SECTION II – INTERMENT TYPE INFORMATION

☐ Casket    ☐ Columbarium Wall (urn)    ☐ In-Ground (urn)    ☐ Scatter Garden    ☐ Memorial Only

Oversized Casket?    ☐ Yes    ☐ No    If yes: Casket Length (in.) \_\_\_\_\_ Casket Width (in.) \_\_\_\_\_

Private Vault?    ☐ Yes    ☐ No    If yes: Vault Brand \_\_\_\_\_ Other Note: \_\_\_\_\_

Is this a disinterment from another cemetery?    ☐ Yes    ☐ No

Please provide name of cemetery performing disinterment: \_\_\_\_\_

Are both husband and wife Veterans?    ☐ Yes    ☐ No

If yes, does the surviving spouse want an adjoining set-a-side grave?    ☐ Yes    ☐ No

Does the eligible Veteran have any unmarried handicapped children?    ☐ Yes    ☐ No

If yes, provide information below for each eligible dependent child:

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## SECTION III – FUNERAL HOME INFORMATION

Funeral Director (or representative) _____		Funeral Home _____	
Address _____	City _____	State _____	Zip Code _____
Phone _____	Fax _____	Email _____	



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## Interment Application

SECTION IV – NEXT OF KIN INFORMATION				
First Name	Middle Name	Last Name	Suffix	
Social Security # (spouse only)		Date of Birth	Phone Number	
Address		City	State	Zip Code
<b>Next of Kin Relation to the Decedent</b>				
<input type="radio"/> Husband	<input type="radio"/> Wife	<input type="radio"/> Father	<input type="radio"/> Mother	<input type="radio"/> Son
<input type="radio"/> Daughter	<input type="radio"/> Brother	<input type="radio"/> Sister	<input type="radio"/> Other Relative	<input type="radio"/> Not Related
If Other Relative, or Not Related, please specify (i.e., Aunt, friend, Funeral Director, Executor, etc.):				
SECTION V – VETERAN SERVICE INFORMATION				
First Name	Middle Name	Last Name	Suffix	
Social Security #		Service #	VA Claim #	
Service Branch	Rank	Entry Date	Discharge Date	
Military Status	<input type="radio"/> Retiree	<input type="radio"/> Veteran	<input type="radio"/> Active Duty	
Is the Veteran Unclaimed/Unaccompanied?	<input type="radio"/> Yes	<input type="radio"/> No		
Any previous interments under this Veterans eligibility?	<input type="radio"/> Yes	<input type="radio"/> No		
If above answer yes, please provide information below:				
Name of person interred under Veteran		Date of Interment	Location	
SECTION VI – INTERMENT SCHEDULING INFORMATION				
Date Requested		Time Requested		
<input type="radio"/> Monday	<input type="radio"/> Tuesday	<input type="radio"/> Wednesday	<input type="radio"/> Thursday	<input type="radio"/> Friday
Funeral Type	<input type="radio"/> Processional		<input type="radio"/> Non-Processional	
Direct Burial (No Service)	<input type="radio"/> With Witness		<input type="radio"/> With No Witness	
Funeral Directors or Next of Kin must schedule military honors and obtain a burial flag for the ceremony. (See checklist)				
Will you be scheduling military honors for the ceremony?		<input type="radio"/> Yes	<input type="radio"/> No	
Military Honors Service Type	<input type="radio"/> Full Honors	<input type="radio"/> 2-3 Person Team	<input type="radio"/> MSD	<input type="radio"/> Caisson

**CERTIFICATION:** I certify to the best of my knowledge, that all the information entered on this application as well as the supporting documentation are true and correct. I also certify, to the best of my knowledge, that the decedent has never committed or have been convicted of a serious crime (i.e., capital crime or sexual offense) which could have resulted in a sentence of a minimum of life imprisonment. I understand the commission of a serious crime can result in non-approval, disinterment, or other action deemed appropriate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_