# Texas State Veterans Cemeteries
# Monument Worksheet

☆ **Abilene, TX** ☆ **Corpus Christi, TX** ☆ **Killeen, TX** ☆ **Mission, TX**

## SECTION I – DECEDENT INFORMATION

| First Name | Middle Name or Initial | Last Name | Suffix |
|---|---|---|---|
| | | | - |

| Date of Birth (mm/dd/yyyy) | Date of Death (mm/dd/yyyy) | Emblem of Belief |
|---|---|---|
| | | - |

## SECTION II – VETERAN'S SERVICE INFORMATION

Cemetery staff will collect Veteran's service information from DD Form 214, or other discharge paperwork provided.

If Veteran served in multiple branches of service, then provide DD Form 214, or military discharge papers for each branch.

If the Veteran's highest rank attained is different from the furnished DD Form 214 or military discharge papers, then documentation showing the next higher rank must be provided to cemetery staff before it can be added to the monument. ***(Note: pay grades are not authorized on government-furnished markers: i.e., E-5, O-6, etc.)***

Highest rank attained: _____ Service Branch: _____

Highest rank attained: _____ Service Branch: _____

## SECTION III – VETERAN'S PERIOD OF SERVICE INFORMATION

World War II, Korea, and/or Vietnam **will automatically be placed on government-furnished markers** for those who served in the military during these war periods regardless of whether they deployed overseas and were in country.

**I do not want the following war period placed on the monument:** ☐ World War II ☐ Korea ☐ Vietnam

All other wars/conflicts must be listed on the Veteran's DD Form 214, or other military documents to have them placed on their government-furnished marker. These include Iraq, Afghanistan, Persian Gulf, Kosovo, Somalia, Lebanon, Grenada.

## SECTION IV – ADDITIONAL INSCRIPTION

Additional inscription(s) may be terms of endearment, nicknames, titles, or awards. ***(Note: limited to space available)***

***Flat Markers:*** Do not have space for additional inscription(s).

***Upright Headstones:*** Text/words cannot wrap to next line.

____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

***Columbarium Niche Covers:*** Text/words cannot wrap to next line.

____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

**Applicant Is:** - _____ **Phone#:** _____

If family member,
specify relationship _____

**TO BE COMPLETED BY APPLICANT:**

Printed Name: _____ Signature: _____ Date: _____



Clear Form

Print