

## Texas State Veterans Cemeteries Event Request Form

| Central Texas State<br>Veterans Cemetery<br>11463 State Highway 195<br>Killeen, TX 76542<br>Phone: 254-616-1770<br>Fax: 254-616-1769 | Rio Grande Valley State<br>Veterans Cemetery<br>2520 S. Inspiration Road<br>Mission, TX 78572<br>Phone: 956-583-7227<br>Fax: 956-508-5211 |                 | Texas State Veterans<br>Cemetery at Abilene<br>7457 W. Lake Road<br>Abilene, TX 79601<br>Phone: 325-673-4446<br>Fax: 325-673-4448 |         | Coastal Bend State<br>Veterans Cemetery<br>9974 IH37 Access Road<br>Corpus Christi, TX 7841<br>Phone: 361-248-4830<br>Fax: 361-248-4965 | Veterans Cemeto<br>4614 E 50 <sup>th</sup> Stree<br>0 Lubbock, TX 794<br>Phone: 512-913- | West Texas State Veterans Cemetery 4614 E 50 <sup>th</sup> Street Lubbock, TX 79403 Phone: 512-913-7985 Fax: Not Available |  |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|
| Select Cemetery:                                                                                                                     | Killeen                                                                                                                                   | Mission         | n 🔲                                                                                                                               | Abilene | Corpus Christi                                                                                                                          | Lubbock                                                                                  |                                                                                                                            |  |
| SECTION I – REQUESTOR INFORMATION                                                                                                    |                                                                                                                                           |                 |                                                                                                                                   |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
| First Name                                                                                                                           | Mide<br>                                                                                                                                  | dle Name or Ini | tial                                                                                                                              | Last N  | Name                                                                                                                                    |                                                                                          | Suffix                                                                                                                     |  |
| Phone Number                                                                                                                         | Alte                                                                                                                                      | rnate Phone N   | umber                                                                                                                             | Email   | Address                                                                                                                                 |                                                                                          |                                                                                                                            |  |
| SECTION II – EVENT INFORMATION                                                                                                       |                                                                                                                                           |                 |                                                                                                                                   |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
| Title of Event                                                                                                                       |                                                                                                                                           |                 |                                                                                                                                   |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
|                                                                                                                                      |                                                                                                                                           |                 |                                                                                                                                   |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
| Date of Request Date of Event                                                                                                        |                                                                                                                                           |                 | Time of Event                                                                                                                     |         | vent E                                                                                                                                  | Estimated Attendees                                                                      |                                                                                                                            |  |
|                                                                                                                                      |                                                                                                                                           |                 |                                                                                                                                   |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
| Will there be a Press Re                                                                                                             | lease?                                                                                                                                    | Yes             | No                                                                                                                                |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
| Description of Proposed Event                                                                                                        |                                                                                                                                           |                 |                                                                                                                                   |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
| (Please provide sufficient detail, use additional sheet, if necessary)                                                               |                                                                                                                                           |                 |                                                                                                                                   |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
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| Special Needs/Requests                                                                                                               |                                                                                                                                           |                 |                                                                                                                                   |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
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|                                                                                                                                      |                                                                                                                                           |                 |                                                                                                                                   |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
| TO BE COMPLETED BY REQUESTOR:                                                                                                        |                                                                                                                                           |                 |                                                                                                                                   |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
| Signature of Requestor:                                                                                                              |                                                                                                                                           |                 |                                                                                                                                   |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
| orginataro or resqueetor.                                                                                                            |                                                                                                                                           |                 |                                                                                                                                   |         |                                                                                                                                         | -                                                                                        |                                                                                                                            |  |
| SECTION III – FOR INTERNAL USE BY VLB ONLY                                                                                           |                                                                                                                                           |                 |                                                                                                                                   |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
| VLB (VC) Manager or Direct                                                                                                           | ctor:                                                                                                                                     |                 |                                                                                                                                   |         |                                                                                                                                         | Date:                                                                                    |                                                                                                                            |  |
|                                                                                                                                      | Denied                                                                                                                                    |                 |                                                                                                                                   |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
| Comments:                                                                                                                            |                                                                                                                                           |                 |                                                                                                                                   |         |                                                                                                                                         |                                                                                          |                                                                                                                            |  |
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