



# INTERMENT REGISTRATION FORM

## Texas State Veterans Cemeteries

Central Texas State  
Veterans Cemetery  
11463 State Hwy 195  
Killeen, TX 76542-4945  
Phone: 254-616-1770  
Fax: 254-616-1769

Texas State Veterans  
Cemetery at Abilene  
7457 W. Lake Road  
Abilene, TX 79601-8278  
Phone: 325-673-4446  
Fax: 325-673-4448

Rio Grande Valley State  
Veterans Cemetery  
2520 S. Inspiration Road  
Mission, TX 78572-6997  
Phone: 956-583-7227  
Fax: 956-583-7887

Coastal Bend State  
Veterans Cemetery  
9974 IH37 Access Road  
Corpus Christi, TX 78410-1408  
Phone: 361-248-4830  
Fax: 361-248-4965

### APPLICANT PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Suffix: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.		<input type="checkbox"/> Veteran		<input type="checkbox"/> Spouse <input type="checkbox"/> Family Member	
Street Address:					
State:		Zip:		City:	
Phone Number:		Alternate Phone Number:			
Date of Birth (MM/DD/YYYY):		Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
<b>Service Type Expected</b> (Type of interment can be changed later):					
<input type="checkbox"/> Casket		<input type="checkbox"/> Cremated (columbarium)		<input type="checkbox"/> Cremated (in-ground) <input type="checkbox"/> Cremated (scattering garden)	

### SPOUSE/DEPENDENT PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Date of Birth: (MM/DD/YYYY)		Social Security Number:		<input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT	

### VETERAN'S MILITARY SERVICE

**Branch of Service** (must be consistent with rank):

Army  Marines  Navy  Air Force  Coast Guard  Merchant Marine  
 Other:

**Period of Service:**

Persian Gulf  Vietnam  Korea  World War II  Iraq  Afghanistan  National Guard or Reserves  
 Other: (20 years of qualifying Service or Retired)

Service/Social Security Number:		Highest Rank Attained:			
<b>Periods of Active Duty Military Service</b> (If more than four active duty periods, enter the longest)					
1st PERIOD ENTRY DATE (MM/DD/YYYY)	SEPARATION DATE (MM/DD/YYYY)	2nd PERIOD ENTRY DATE (MM/DD/YYYY)	SEPARATION DATE (MM/DD/YYYY)		
3rd PERIOD ENTRY DATE (MM/DD/YYYY)	SEPARATION DATE (MM/DD/YYYY)	4th PERIOD ENTRY DATE (MM/DD/YYYY)	SEPARATION DATE (MM/DD/YYYY)		

I certify that all information I have provided on this application and the supporting documentation is true and correct to the best of my knowledge. I acknowledge that otherwise eligible individuals may be barred from burial for committing certain serious crimes, as provided under 38 U.S.C. §2411. The VLB, in accordance with VA policy, will therefore validate a previous determination of eligibility at the time of need to check for those bars in addition to law changes or Claimant status changes that may affect eligibility of the Claimant.

Signature of Applicant: \_\_\_\_\_

#### TO BE COMPLETED BY CEMETERY PERSONNEL:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION IS:  APPROVED  DENIED

If DENIED – Reason for denial: \_\_\_\_\_

If APPROVED, enter date confirmation is sent to applicant: \_\_\_\_\_