

PRE-REGISTRATION FORM Texas State Veterans Cemeteries

Central Texas State Veterans Cemetery 11463 State Highway 195 Killeen, Texas 76542-4945 Phone: 254-616-1770

If approved, date confirmation sent to applicant ___

Phone: 254-616-1770 Fax: 254-616-1769 Texas State Veterans Cemetery at Abilene 7457 W. Lake Road Abilene, Texas 79601-8278

Phone: 325-673-4446 Fax: 325-673-4448 Rio Grande Valley State Veterans Cemetery 2520 S. Inspiration Road Mission, Texas 78572-6997 Phone: 956-583-7227

Phone: 956-583-7227 Fax: 956-583-7887 Coastal Bend State Veterans Cemetery 9974 IH37 Access Road

Corpus Christi, Texas 78410-1408

Phone: 361-248-4830 Fax: 361-248-4965

APPLICANT PERSONAL INFORMATION								
Last Name:	First Name:			Middle Name:				
Suffix: I II III I	Sr.	☐ Vet	☐ Veteran ☐ :		Spouse	Spouse		
Street Address:			City:			County:		
State:	Zip:	Phor	Phone Number: A			Alternate P	Iternate Phone Number:	
Email Address:								
Date of Birth (mm/dd/yyyy):	Social Secu	Gender:						
Service Type Expected (Type of interment can be change later):								
☐ Casket	umbarium)			С	☐ Cremated (scattering garden)			
CDOLICE/DEDENDENT DEDECANAL INFORMATION								
SPOUSE/DEPENDENT PERSONAL INFORMATION Last Name: First Name: Middle Name:								
Date of Birth (mm/dd/yyyy):	Social Security Number:			SPOUSE DEPENDENT				
Date of Birth (min/dd/yyyy).	Social Security Number.				SFOOSE DEFENDENT E			
VETERAN'S MILITARY SERVICE INFORMATION								
Branch of service (must be consistent with rank): Army Marine Corps Navy Air Force Coast Guard Merchant Marine Other								
Period of Service:								
☐ Persian Gulf ☐ Vietnam ☐ Korea ☐ World War II ☐ National Guard or Reserves ☐ Other (20 years of qualifying Service or Retired)								
Service/Social Security Number:				Highest Rank Attained:				
PERIODS OF ACTIVE DUTY MILITARY SERVICE (If more than four active duty periods, enter the longest)								
1ST PERIOD SEPARATION DATE (MM/DD/YYYY) ENTRY DATE (MM/DD/YYYY)				2 ND PERIOD SEPARATION DATE (MM/E ENTRY DATE (MM/DD/YYYY)			PARATION DATE (MM/DD/YYYY)	
3 RD PERIOD SENTRY DATE (MM/DD/YYYY)	SEPARATION DATE		4 TH PERIOD ENTRY DATE (MM/DD/YYYY)			PARATION 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.								
SIGNATURE OF APPLICANT:								
TO BE COMPLETED BY CEMETER	RY PERSONNEL:							
NAME:					DATE:			
APPLICATION IS: Approved Denied If Denied - Reason:								