



PRE-REGISTRATION FORM
Texas State Veterans Cemeteries

Central Texas State Veterans Cemetery
11463 State Highway 195
Killeen, Texas 76542-4945
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
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

Form section for Applicant Personal Information including fields for Last Name, First Name, Middle Name, Suffix, Veteran/Spouse/Family Member status, Street Address, City, County, State, Zip, Phone Number, Alternate Phone Number, Email Address, Date of Birth, Social Security Number, Gender, Marital Status, and Service Type Expected.

SPOUSE/DEPENDENT PERSONAL INFORMATION

Form section for Spouse/Dependent Personal Information including fields for Last Name, First Name, Middle Name, Date of Birth, Social Security Number, and Spouse/Dependent status.

VETERAN'S MILITARY SERVICE INFORMATION

Form section for Veteran's Military Service Information including fields for Branch of service, Period of Service, Service/Social Security Number, and Highest Rank Attained.

PERIODS OF ACTIVE DUTY MILITARY SERVICE (If more than four active duty periods, enter the longest)

Table with 4 columns: Period (1st, 2nd, 3rd, 4th), Entry Date (MM/DD/YYYY), and 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.

SIGNATURE OF APPLICANT: _____

TO BE COMPLETED BY CEMETERY PERSONNEL:

NAME: _____ TITLE: _____ DATE: _____

APPLICATION IS: Approved Denied If Denied - Reason: _____

If approved, date confirmation sent to applicant _____