

**IOWA DEPARTMENT OF VETERANS AFFAIRS  
MILITARY GRAVES RECORD**

**PLEASE TYPE OR PRINT THIS FORM**

**RECORD NO.**

NAME (LAST, First, Middle)		SOCIAL SECURITY NUMBER		SERVICE NUMBER
		DOD ID NUMBER	SERIAL NUMBER	
CITY OF BURIAL	COUNTY OF BURIAL		DATE OF DEATH (Mo, Day, Yr)	
RACE (African American, American Indian, Caucasian, etc.)		AGE (Last Birthday in Years)	DATE OF BIRTH (Mo, Day, Yr)	SEX M / F
LOCATION OF DEATH (City/Town, State, Zip Code, etc.)				
PLACE OF BIRTH			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, etc. (Specify)	
SPOUSE'S NAME: MAIDEN		FIRST	MIDDLE	
NUMBER & STREET ADDRESS			STATE	ZIP CODE
P. O. BOX NUMBER	CITY/TOWN		COUNTY	
FATHER'S NAME: LAST		FIRST	MIDDLE	
MOTHER'S NAME: MAIDEN		FIRST	MIDDLE	
IMMEDIATE FAMILY (Full names and addresses) (siblings/step-parents)				
BURIAL (cremation, donation, etc.)	CREMATION (disposition)	GRAVE LOCATION (Section, Lot & Block No.)		
CEMETERY NAME	CEMETERY ADDRESS (City, County, State, & Zip Code)			
BURIAL DATE (Month, Day, Year)	FUNERAL HOME NAME			
NUMBER & STREET ADDRESS			CITY/TOWN	
STATE	COUNTY	ZIP CODE	PHONE & FAX NUMBERS	
WAR PERIOD (WW II, Korea, etc.)	BRANCH OF ARMED FORCES		TYPE OF DISCHARGE	
DATE & PLACE OF ENTRY			DATE & PLACE OF RELEASE	
REMARKS:				
SIGNATURE OF COUNTY VETERANS AFFAIRS DIRECTOR/ADMINISTRATOR/COMMISSIONER				DATE SENT TO IDVA

Form Revised: 10APR2025

Chapter 35B.19, Code of Iowa (11/19/2024) and Section 801-1.7(35A,35B), Iowa Administrative Code (12/24/2014)

\* **Funeral Directors:** Send two copies to the County Commission of Veterans Affairs (county of burial)

\* **County Commission of Veterans Affairs:** Send one copy to the (IDVA) Iowa Department of Veterans Affairs; Camp Dodge, Iowa Veterans Benefits, Bldg. 3465; 7105 NW 70<sup>th</sup> Avenue; Johnston, Iowa 50131-1824