## **Iowa Veterans Cemetery**

## **Application: Veteran & Spouse Pre-Registration for Burial Determination**

This application is used to determine veteran and/or spouse, or dependent eligibility for burial at the Iowa Veterans Cemetery. The application is required to be completed at the time of need or may be used for a pre-need determination. There is no cost for pre-need determination and it does not obligate the veteran to be interred at the cemetery. Pre-need determination is intended to simplify and assist the veteran's next-of-kin (NoK) at the time of death. Once eligibility is determined, the applicant will receive confirmation, either by regular mail or email.

First	Middle	_Last		_ Suffix (Jr., Sr.)
Address		City		State
County2	ZipPhone		Cell	
Date of Birth (mm/dd/yyyy)		Social Security #	·	
□ Male □ Female □ Marri	ed	⊐ Widowed <u>Has V</u>	<u>eteran Passed</u> : Yes N	o Date:
Interment Preference:  Crema	ted (in-ground)	(columbarium wall	) 🗆 Casketed 🗆 Unkn	own at this time
SECTION 2: SERVICE RECOR	D			
Branch(s) of Service	Highest Rank	Servic	ce Number (If applicable	2)
Date(s) Entered		Date(s) Separate	ed	
First Date of Birth (mm/dd/yyyy)				
Interment Preference:  Crema	ted (in-ground)	(columbarium wall	) 🗆 Casketed 🗆 Unkn	own at this time
Will your spouse will be interred	at the cemetery? Yes [ ] No	[] Has Spouse	Passed: Yes [ ] No [	] Date:
I certify that all of the information	n provided is true and correct	to the best of my k	nowledge.	
SIGNATURE OF APPLICANT			Da	ate
Email of Applicant				
Contact Information (other that				
Contact Email	Phc	one	Re	lationship
SECTION 4:				
Please send this application	and <b>copies</b> of the following	g documents with	your application (DC	NOT SEND ORIGINA
NOTE: Please s All Active Duty Must show date	Discharge Paperwork (Ex send ALL discharge pape Time Guard or Reserve entered and separated a FICATE required for all co	<mark>erwork so we ha</mark> ve Service … Ret as well as "Char	<mark>ve a complete pictu tirement Letter … Va</mark> acter of Service"	<mark>re of your s</mark> ervice.
Mail the application and supp	porting documents to the fo	ollowing address:		
Iowa Veterans Cemetery 34024 Veterans Memorial D Adel, Iowa 50003-3300 Phone (515) 996-9048 Fax				
Email: iowaveteranscemet	erv@iowa.gov			

FOR CEMETERY USE ONLY

[] Approved\_

[ ] Reason Denied/Deferred: \_\_\_