



INTERMENT APPLICATION
Texas State Veterans Cemeteries

DECEDENT INFORMATION

Cemetery Location: Abilene, TX Corpus Christi, TX Killeen, TX Mission, TX
First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
Social Security #: _____ Date of Death: _____ Date of Birth: _____
Gender: _____ Relationship: Veteran Spouse Dependent Child Religious Emblem: _____
City: _____ State: _____ Zip: _____ County: _____

FUNERAL HOME INFORMATION

Funeral Home: _____ Funeral Director (or Representative): _____
Email Address: _____ Phone Number: _____ Fax Number: _____
Street: _____ City: _____ State: _____ Country: _____

NEXT OF KIN INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
Relationship: _____ Social Security #: _____
Phone Number: _____ Zip Code: _____ Email Address: _____
Street: _____ City: _____ State: _____ Country: _____
Are both husband and wife Veterans? Yes No If yes, does surviving spouse want a set aside grave? Yes No
Does the couple have any
unmarried handicapped children? Yes No Name/DOB: _____

SCHEDULE INFORMATION

Date Requested: _____ Time (AM PM): _____ Day: Mon Tue Wed Thu Fri
Do you wish to have military honors at the ceremony (veterans only)? Yes No
 Full MSD 1 or 2 Man Fold Caisson Processional Non-Processional Direct: Witness No Witness
Outer Container: Government Private Oversized grave liner required? Yes No
Interment Type: Casket Cremation (Columbarium Wall) Cremation (In-Ground) Cremation (Scattering Garden) Memorial
Are there any previous interments under this Veteran's eligibility? Yes No
Name: _____ DOI: _____ Sec: _____ Gr: _____

VETERAN SERVICE INFORMATION

Social Security #: _____ Service #: _____ Claim #: _____
First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____
Military Status: Retired Veteran Active Duty Marital Status: Single Married Divorced Widowed Separated
Branch of Service: _____ Rank: _____ Entry Date: _____ Discharge Date: _____
Awards: Medal of Honor Silver Star Medal Bronze Star Medal Purple Heart Medal EX-POW Distinguished Service Cross

CERTIFICATION: I certify to the best of my knowledge, that all the information entered on this application as well as the supporting documentation are true and correct. I also certify, to the best of my knowledge, that the decedent has never committed or been convicted of a serious crime (i.e., Capital Crime or sexual offense) which could have resulted in a sentence of a minimum of life imprisonment. I understand the commission of a serious crime can result in non-approval, disinterment, or other action deemed appropriate.

Signature: _____ Date: _____