



# PRE-REGISTRATION FORM

Texas State Veterans Cemeteries

Central Texas State Veterans Cemetery  
11463 State Hwy 195  
Killeen, TX 76542-4945  
Phone: 254-616-1770  
Fax: 254-616-1769

Texas State Veterans Cemetery at Abilene  
7457 W. Lake Road  
Abilene, TX 79601-8278  
Phone: 325-673-4446  
Fax: 325-673-4448

Rio Grande Valley State Veterans Cemetery  
2520 S. Inspiration Road  
Mission, TX 78572-6997  
Phone: 956-583-7227  
Fax: 956-583-7887

Coastal Bend State Veterans Cemetery  
9974 IH37 Access Road  
Corpus Christi, TX 78410-1408  
Phone: 361-248-4830  
Fax: 361-248-4965

## APPLICANT PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Suffix: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.		<input type="checkbox"/> Veteran		<input type="checkbox"/> Spouse <input type="checkbox"/> Family Member	
Street Address:					
State:		Zip:		City:	
Phone Number:		Alternate Phone Number:			
Date of Birth (MM/DD/YYYY):		Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
<b>Service Type Expected</b> (Type of interment can be changed later):					
<input type="checkbox"/> Casket <input type="checkbox"/> Cremated (columbarium) <input type="checkbox"/> Cremated (in-ground) <input type="checkbox"/> Cremated (scattering garden)					

## SPOUSE/DEPENDENT PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Date of Birth: (MM/DD/YYYY)		Social Security Number:		<input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT	

## VETERAN'S MILITARY SERVICE

**Branch of Service** (must be consistent with rank):

Army  Marines  Navy  Air Force  Coast Guard  Merchant Marine

Other:

**Period of Service:**

Persian Gulf  Vietnam  Korea  World War II  Iraq  Afghanistan  National Guard or Reserves

Other: (20 years of qualifying Service or Retired)

Service/Social Security Number:	Highest Rank Attained:
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### Periods of Active Duty Military Service (If more than four active duty periods, enter the longest)

1st PERIOD ENTRY DATE (MM/DD/YYYY)	SEPARATION DATE (MM/DD/YYYY)	2nd PERIOD ENTRY DATE (MM/DD/YYYY)	SEPARATION DATE (MM/DD/YYYY)
3rd PERIOD ENTRY DATE (MM/DD/YYYY)	SEPARATION DATE (MM/DD/YYYY)	4th PERIOD ENTRY DATE (MM/DD/YYYY)	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 \_\_\_\_\_