



Texas State Veterans Cemetery
PRE-REGISTRATION FORM

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, 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, Separation Date, and Period description.

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 _____