

## STATE OF CONNECTICUT

DEPARTMENT OF VETERANS AFFAIRS

Cemetery and Memorial Services

Cemetery and Memorial Services 287 West Street, Rocky Hill, CT 06067



## PRE-CERTIFICATION APPLICATION FOR STATE VETERANS CEMETERY, MIDDLETOWN

ADDRESS  CITY  STATE  ZIP CODE  HOME TELEPHONE  ( )  VETERAN SCIAL SECURITY NUMBER  WARRIED  NEVER MARRIED  NEUTONE  MILITARY AWARDS  MILITARY AWARDS  NEVER MILITARY AWARDS  MILITARY AWARDS  NEVER MILITARY AWARDS  NEVER MILITARY AWARDS  MILITARY AWARDS  NEVER MARRIED  NEVER	ACCOMPANY THIS APPLICATION (i.e.			VI <u>IS KEQUIRED</u>	AND MUS	1	
ADDRESS  CITY  STATE  ZIP CODE  HOME TELEPHONE  ( )  VETERAN SOCIAL SECURITY NUMBER  WARRIED  NEVER MARRIED  NE	VETERAN NAM	ME AND PERSONAI	LINFORMATION	(PLEASE PRIN	Γ)		
HOME TELEPHONE    WORK-CELL TELEPHONE     VETERAN SOCIAL SECURITY NUMBER     VETERAN DATE OF BIRTH (MM/DD/YYYY)     VETERAN DATE OF BIRTH (MM/DD/YYYY)     VETERAN SERVICE RECORD (As shown on DD-214 or equivalent discharge form)   SERVICE NUMBER (IF APPLICABLE)   DATE ENTERED SERVICE (MM/DD/YYYY)     DATE SEPARATED (MM/DD/YYYY)     GRANCH OF SERVICE   MILITARY AWARDS     MARTIME SERVICE (CHECK ALL THAT APPLY)     WWI	LAST NAME	FIRST NAME	FIRST NAME MIDDLE NAME		E		
WETERAN SOCIAL SECURITY NUMBER	ADDRESS		CITY		STATE	ZIP CODE	
WETERAN SOCIAL SECURITY NUMBER							
WARTIAL STATUS:   MARRIED   NEVER MARRIED   DIVORCED    VETERAN SERVICE RECORD (As shown on DD-214 or equivalent discharge form)  SERVICE NUMBER (IF APPLICABLE)   DATE ENTERED SERVICE (MM/DD/YYYY)   DATE SEPARATED (MM/DD/YYYY)  HIGHEST RANK HELD   BRANCH OF SERVICE   MILITARY AWARDS    WARTIME SERVICE (CHECK ALL THAT APPLY)    WWI	HOME TELEPHONE ( )	WORK/CELL TI	WORK/CELL TELEPHONE				
VETERAN SERVICE RECORD (As shown on DD-214 or equivalent discharge form)  SERVICE NUMBER (IF APPLICABLE) DATE ENTERED SERVICE (MM/DD/YYYY) DATE SEPARATED (MM/DD/YYYY)  HIGHEST RANK HELD BRANCH OF SERVICE MILITARY AWARDS  WARTIME SERVICE (CHECK ALL THAT APPLY)  WWW WIN KOREA VETERAN PERSIAN GULF OTHER (specify):  SPOUSAL INFORMATION FOR PRE-QUALIFICATION (if spouse is NOT a veteran)  IF SPOUSE IS ALSO A VETERAN, PLEASE COMPLETE A SEPARATE APPLICATION  LAST NAME FIRST NAME MIDDLE NAME  SPOUSE'S SOCIAL SECURITY NUMBER SPOUSE'S DATE OF BIRTH (MM/DD/YYYY)  AUTHORIZATION: I certify to the best of my knowledge, that all the information provided on this application as well as the supporting documentation are true and correct.  Signature: Date:  DO NOT WRITE BELOW LINE  Denied, does not meet eligibility criteria	VETERAN SOCIAL SECURITY NUMBER		VETERAN DAT	VETERAN DATE OF BIRTH (MM/DD/YYYY)			
DATE ENTERED SERVICE (MM/DD/YYYY)  DATE SEPARATED (MM/DD/YYYY)  MILITARY AWARDS  WARTIME SERVICE (CHECK ALL THAT APPLY)  SPOUSAL INFORMATION FOR PRE-QUALIFICATION (if spouse is NOT a veteran)  IF SPOUSE IS ALSO A VETERAN, PLEASE COMPLETE A SEPARATE APPLICATION  LAST NAME  FIRST NAME  SPOUSE'S DATE OF BIRTH (MM/DD/YYYY)  AUTHORIZATION: I certify to the best of my knowledge, that all the information provided on this application as well as the supporting documentation are true and correct.  Signature:  DATE:  DO NOT WRITE BELOW LINE  Denied, does not meet eligibility criteria	MARITAL STATUS:	☐ NEVER MARRIED	O WIDOWED	□ DIVORCED			
WARTIME SERVICE (CHECK ALL THAT APPLY)  WWI	VETERAN SERVICI	E RECORD (As show	n on DD-214 or equ	ivalent discharg	e form)		
WARTIME SERVICE (CHECK ALL THAT APPLY)    WWI	RVICE NUMBER (IF APPLICABLE)  DATE ENTERED SERVICE		VICE (MM/DD/YYYY)				
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IF SPOUSE IS ALSO A VETERAN, PLEASE COMPLETE A SEPARATE APPLICATION  LAST NAME	□ WWI □ WWII □ KOREA	□ VIETNAM □ PE	ERSIAN GULF	HER (specify):			
AUTHORIZATION: I certify to the best of my knowledge, that all the information provided on this application as well as the supporting documentation are true and correct.  Signature:						N	
AUTHORIZATION: I certify to the best of my knowledge, that all the information provided on this application as well as the supporting documentation are true and correct.  Signature:	LAST NAME	FIRST NAME		MIDDLE NAME			
application as well as the supporting documentation are true and correct.  Signature:	SPOUSE'S SOCIAL SECURITY NUMBER		SPOUSE'S DATE OF E	I BIRTH (MM/DD/YYY	YY)		
☐ Approved ☐ Denied, does not meet eligibility criteria	application as well as the suppo			et.		n this	
Signed: Title: Date:	☐ Approved	DO NOT WRI		ot meet eligibility	criteria		
	Signed:		Title:	Date:			

Return to: Connecticut Department of Veterans Affairs Attn: Cemetery Services 287 West Street, Rocky Hill, CT 06067

Version 9/18 Phone: (860) 616-3688 Fax: (860) 616-3561