



THIS FORM **MUST** BE COMPLETED IN ORDER TO SCHEDULE BURIAL
 PLEASE TYPE OR PRINT CLEARLY. THANK YOU.

PERSON RESPONSIBLE FOR BURIAL ARRANGEMENTS:

Name: _____ Relationship to Deceased: _____

Address: _____ Phone Number: _____

_____ Funeral Home: _____

Funeral Home Attending? Y N

DECEASED VETERAN INFORMATION:

BURIAL TYPE (Check appropriate box):

Single Depth Double Depth Cremation (In-ground) Cremation (Columbarium)

Name: _____ SSN: _____

DOB: _____ DOD: _____

DECEASED SPOUSE (of Veteran) INFORMATION:

BURIAL TYPE (Check appropriate box):

Single Depth Double Depth Cremation (In-ground) Cremation (Columbarium)

Name: _____ SSN: _____

DOB: _____ DOD: _____

RELIGIOUS EMBLEM (OPTIONAL) Emblem Choice: _____

HEADSTONE ENDEARMENT (OPTIONAL) 4 word maximum: (Ex: Beloved Wife Mother Grandmother; Until We Meet Again; Gone But Not Forgotten) **Note: No personal endearments for columbarium niche covers permitted**

Signatures Required Below:

Veteran/Spouse Family Member: _____ Date: _____

Funeral Director: _____ Date: _____
 (if applicable)

DVA Cemetery Services: _____ Date: _____

<u>To Be Completed By DVA</u>	DD-214	Compliance Form	Death Certificate
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