



STATE OF CONNECTICUT
 DEPARTMENT OF VETERANS AFFAIRS
 CEMETERY AND MEMORIAL SERVICES
 PHONE: 860-616-3688
 FAX: 860-616-3561
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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
 Date and Time of Service: _____

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**

REQUIRED SIGNATURES

Veteran/Spouse Family Member: _____ Date: _____
 Funeral Director: _____ Date: _____
 (if applicable)
 DVA Cemetery Services: _____ Date: _____

To Be Completed By DVA	DD-214	Compliance Form	Death Certificate
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