



# LOUISIANA VETERANS CEMETERIES INTERMENT APPLICATION

(Please Print — This form is to be completed in full. A signature from the Next of Kin is **not** required. SS# of spouse **is** required)

Please email or fax this document to:

NLVC - [nlvc@la.gov](mailto:nlvc@la.gov) or (318) 925-5521

CLVC - [clvc@la.gov](mailto:clvc@la.gov) or (337) 238-6448

SLVC - [slvc@la.gov](mailto:slvc@la.gov) or (985) 646-6481

NELVC - [nelvc@la.gov](mailto:nelvc@la.gov) or (318) 728-5921

Please include Proof of Eligibility (DD Form 214), unless an approved, pre-determined "Advance Eligibility Application" is already on file at NLVC, CLVC, SLVC or NELVC.

DECEDENT INFORMATION			
First Name:	Middle:	Last:	Suffix
SS #:	Date of Death: / /	Date of Birth: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Veteran <input type="checkbox"/> Dependent
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Race (for statistical information only): <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
ZIP Code:	City:	Parish/County:	State:
Interment Type (choose one): <i>Funeral homes are responsible for lowering private vaults</i> <input type="checkbox"/> Columbarium Wall (Cremated) <input type="checkbox"/> In-Ground (Cremated) <input type="checkbox"/> State-Provided Grave Liner (Casketed) <input type="checkbox"/> Private Vault (Casketed)			
Will the casket or vault be oversized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the decedent to be interred in the same gravesite as a previously interred spouse or eligible dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Oversize casket or vault dimensions: (L x W x D)	Will a spouse or eligible dependent be interred with decedent in future? <input type="checkbox"/> Yes (If Yes, please check: <input type="checkbox"/> Casketed or <input type="checkbox"/> Cremated) <input type="checkbox"/> No		
Type of religious emblem desired on marker:		Is the Spouse a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personalized marker inscription ( <i>Beloved Father; Loved By All, etc.</i> ):			
Other Information:			

FUNERAL HOME INFORMATION			
Funeral Home Name:		Phone:	
Cell Phone:	Fax:	Zip Code:	
Mailing Address:		City:	State:
Point of Contact:			

NEXT OF KIN INFORMATION			
First Name:	Middle:	Last:	Suffix:
Relationship to decedent:	SS # (required for spouse only)	Phone:	
E-mail:	Street Address:	City:	
State:	ZIP Code	Parish / County:	Date of Birth: / /

HONORS INFORMATION (VETERANS ONLY)
Funeral Director <i>has arranged</i> for flag to be presented by this active branch of service (choose one): <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Family requests none
Funeral Director <i>has arranged</i> for Military Honors – If Eligible (choose one): <input type="checkbox"/> Yes <input type="checkbox"/> Family requests none

- If decedent is not the veteran, a \$700 fee must be assessed.
- The Funeral Director is responsible for verifying marriage documents to insure the eligibility of spouses.
- Please insure that only six (6) floral arrangements are delivered to the cemetery for the committal service.
- A Provisional Burial Transit Permit must accompany all casketed remains.

## REQUEST TO DETERMINE ELIGIBILITY FOR INTERMENT

(Please print or type)

**NAME OF VETERAN:** \_\_\_\_\_  
FIRST MIDDLE LAST

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Social security number: \_\_\_\_\_

Service number (if known): \_\_\_\_\_

Branch of service: \_\_\_\_\_

Date entered service: \_\_\_\_\_

Date separated from service: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**NAME OF SPOUSE:** \_\_\_\_\_  
FIRST MIDDLE LAST

Social security number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Will the spouse be interred with the veteran?  Yes  No

Is the spouse a veteran?  Yes  No

Military honors at the time of interment is a benefit and an honor earned by the veteran for honorable service in the United States military. Do you wish to have military honors at this funeral?  Yes  No  N/A

**Please note: At the time of burial the family will have a choice of "emblems of belief" and "optional inscription" to be placed on the markers.**

PLEASE MAIL OR FAX THIS REQUEST AND A COPY OF MOST RECENT DISCHARGE / SEPARATION FORM DD 214 (DO NOT SEND ORIGINAL) TO THE CEMETERY OF CHOICE FOR INTERMENT:

**Northwest Louisiana Veterans Cemetery**  
7970 Mike Clark Road  
Keithville, LA 71047  
Ph: 318-925-0612  
Fax: 318-925-5521  
nlvc@la.gov

**Central Louisiana Veterans Cemetery**  
3348 University Pkwy.  
Leesville, LA 71446  
Ph: 337-238-6405  
Fax: 337-238-6448  
clvc@la.gov

**Southeast Louisiana Veterans Cemetery**  
34888 Grantham College Dr.  
Slidell, LA 70460  
Ph: 985-646-6458  
Fax: 985-646-6481  
slvc@la.gov

**Northeast Louisiana Veterans Cemetery**  
2413 Hwy 425  
Rayville, LA 71269  
Ph: 318-728-4346  
FAX: 318-728-5921  
nelavc@la.gov