

Please indicate **desired**  
committal service **date**  
& **start time**:

Date:        /        /  
Time:        :        AM/PM

**Desired service start time is subject to availability.** If the time slot requested has been filled or if eligibility is not established in time for the service, the service will need to be rescheduled. Please call **(606) 929-5354** to confirm your schedule.

## KENTUCKY VETERANS CEMETERIES INTERMENT APPLICATION

(Please Print—This form is to be completed by the Funeral Director. A signature from the Next of Kin is not required.)

Please fax the following to **(606) 929-5347**:     This completed application     Proof of Eligibility (DD Form 214), unless pre-approved

DECEDENT INFORMATION					
1. Decedent's Last Name:        First:        Middle:		2. <input type="checkbox"/> Male <input type="checkbox"/> Female	3. <input type="checkbox"/> Veteran <input type="checkbox"/> Dependent	4. Marital status (circle one): Single/ Mar/ Div/ Sep/ Wid	
5. Race (For statistical information only): <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		6. Social Security #:	7. Date of birth:        /        /	8. Date of death:        /        /	
9. City:		10. County:	11. State:	12. ZIP Code:	
13. Interment Type (choose one): <i>*Funeral homes are responsible for lowering their own vaults/liners</i> <input type="checkbox"/> Cremated - Columbarium Wall <input type="checkbox"/> Cremated - In-Ground <input type="checkbox"/> Casketed - KVCNE Provided Grave Liner <input type="checkbox"/> Casketed - Funeral Director Provided Vault/Liner <input type="checkbox"/> Cremated - Scattering Garden <input type="checkbox"/> None, Memorial Marker Only					
14. Is the vault or grave liner to be <u>oversized</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what are its dimensions:    _____ X _____ X _____			15. Does the decedent have a spouse or dependent already interred at KVCNE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Decedent's faith:		17. Funeral Director has arranged for brief eulogy/words of remembrance to be provided by: <input type="checkbox"/> Minister <input type="checkbox"/> Chaplain <input type="checkbox"/> Family Friend <input type="checkbox"/> <b>KVCNE Staff</b> <input type="checkbox"/> Family requests none			
18. Other speakers/special music arrangements? Describe:		19. If casketed, pallbearers will be provided by: <input type="checkbox"/> Family/friends <input type="checkbox"/> Honor Guard Members <input type="checkbox"/> None available			
FUNERAL HOME INFORMATION					
20. Funeral Home Name:		21. Point of Contact:		22. Email Address:	
23. Mailing address:			24. City:	25. County:	
26. State:	27. Zip Code:	28. Phone:	29. Cellular Phone:	30. Fax:	
NEXT OF KIN INFORMATION					
31. NOK Last Name:        First:        Middle:				32. Date of Birth:        /        /	
33. Phone:	34. Social Security #:	35. Mailing address:			
36. City:		37. County:	38. State:	39. Zip Code:	
40. Relationship to Decedent: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative					
41. <b>IF DECEDENT IS A VETERAN:</b> If there is a spouse, is he/she also a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, proof of the spouse's eligibility is required in order to reserve the adjacent gravesite</i>					
HONORS INFORMATION (VETERANS ONLY)					
42. Funeral Director has arranged for flag to be presented by: <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"/> National Guard <input type="checkbox"/> <b>AML/VFW</b> <input type="checkbox"/> <b>KVCNE Director</b> <input type="checkbox"/> Family requests none					
43. Funeral Director has arranged for firing detail to be provided by: <input type="checkbox"/> <b>AML/VFW</b> <input type="checkbox"/> Branch of Service <input type="checkbox"/> Family requests none					

04/05/2011

- If decedent is not the veteran, a \$300 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 Report of Death/Burial Permit/Transit Permit must accompany all casketed remains.