

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 * PLEASE FILL IN ALL BOXES					
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): *Funeral homes are responsible for lowering their own vaults/liners <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 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"/> KVCNE Staff <input type="checkbox"/> Family requests none				
18. Other speakers OR songs to be played: 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 * PLEASE FILL IN ALL BOXES					
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 * PLEASE FILL IN ALL BOXES					
31. NOK Last Name: First: Middle:		32. Date of Birth: / /			
33. Phone:	34. Social Security #:	35. Street address: 36. Email:			
37. City:		38. County:		39. State:	40. Zip Code:
41. 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 _____					
42. IF DECEDENT IS A VETERAN: If there is a spouse, is he/she also a veteran? Yes ___ No ___ <i>If so, include their DD214.</i> <i>If spouse is not a veteran, will spouse be buried _____ or in niche _____ with decedent? YES ___ NO ___</i>					
HONORS INFORMATION (VETERANS ONLY)					
43. 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"/> AML Post _____ VFW Post _____ <input type="checkbox"/> KVCNE Director <input type="checkbox"/> Family requests none					
44. Funeral Director has arranged for firing detail to be provided by: <input type="checkbox"/> AML Post _____ VFW Post _____ <input type="checkbox"/> Branch of Service _____ <input type="checkbox"/> Family requests none <input type="checkbox"/> Same as #43					

PLEASE ARRIVE IN FUNERAL PROCESSION. * If private vault, please circle which type: steel, wood, concrete, or other.

8/23/2012

- If decedent is not the veteran, a \$400.00 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.