

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 **(270) 889-6106** 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 **(270) 889-6109**:     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 - KVCW 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 KVCW? <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"/> KVCW Staff <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. Mailing address:			23. City:	24. County:	
25. State:	26. Zip Code:	27. Phone:	28. Cellular Phone:	29. Fax:	

### NEXT OF KIN INFORMATION

30. NOK Last Name:        First:        Middle:			31. Date of Birth: / /		
32. Phone:	33. Social Security #:	34. Mailing address:			
35. City:		36. County:	37. State:		38. Zip Code:
39. 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					

40. **IF DECEDENT IS A VETERAN:** If there is a spouse, is he/she also a veteran?  Yes     No  
*If so, proof of the spouse's eligibility is required in order to reserve the adjacent gravesite*

### HONORS INFORMATION (VETERANS ONLY)

41. 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 (Army/Guard veterans <b>ONLY</b> ) <input type="checkbox"/> Family requests none					
42. Funeral Director has arranged for firing detail to be provided by: _____ <input type="checkbox"/> Family requests none					

- If decedent is not the veteran, a \$400 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.