

Desired service start time is subject to availability. Prior to submitting this form, please contact cemetery personnel to schedule the interment.
Please call (270) 351-5115 to schedule an interment.

Place cemetery approved start time and date →

Date: / /
Time: : AM / PM

KENTUCKY VETERANS' CEMETERY INTERMENT APPLICATION

THIS FORM MUST BE FILLED OUT COMPLETELY

Please fax to (270) 351-5445 or email to kdva.kvcc@ky.gov 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 - KVCC Provided Grave Liner <input type="checkbox"/> Casketed - Funeral Director Provided Vault/Liner-Type/Name of Private Vault _____ <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 KVCC? <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"/> KVCC 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. Email Address:				
23. Mailing address:					24. City:			25. County:			
26. State:		27. Zip Code:		28. Phone:		29. Cell Phone:			30. Fax:		
PERSONAL REPRESENTATIVE OF THE DECEDENT'S INFORMATION											
31. Last Name: First: Middle:			32. Email								
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. IF DECEDENT IS A VETERAN: 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 to reserve the adjacent gravesite</i>											
42. IF THERE IS A SPOUSE: does he/she wish to be interred here at KVCC? <input type="checkbox"/> Yes <input type="checkbox"/> No											
43. IF SPOUSE IS TO BE INTERRED AT KVCC: will they be <input type="checkbox"/> Casketed <input type="checkbox"/> Cremated <input type="checkbox"/> Unknown											
44. IF CASKETED: Will the vault or grave liner need to be <u>oversized</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No											
HONORS INFORMATION (VETERANS ONLY)											
45. 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 ONLY) <input type="checkbox"/> Other <input type="checkbox"/> Family requests none											
46. Funeral Director has arranged for firing detail to be provided by: _____ <input type="checkbox"/> Family requests none											

• If decedent is not the veteran, a \$500 fee must be assessed.

- The Funeral Director is responsible for verifying marriage documents to insure the eligibility of spouses.
- Please ensure 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.