

KENTUCKY VETERANS CEMETERIES ELIGIBILITY APPLICATION

Please Print Legibly Or Type

Can be faxed to KVCNE @ (606) 929-5347 or emailed to

kdva.kvcne@ky.gov

STEP 1: VETERAN'S INFORMATION (Please Complete Even If Veteran Is Deceased)					
1. Veteran's Last Name:	First:	Middle:	Suffix (Jr., Sr.):	2. Date of Birth	3. Social Security #:
4. Branch of Service:			Guard or	5. Service # (if known):	6. Rank:
<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Reserves Only					
7. Date of Entry:	8. Date of Separation:	9. Character of Discharge:			
<input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Other: _____					
<i>PLEASE INCLUDE ANY ADDITIONAL PERIODS OF SERVICE ON A SEPARATE SHEET OF PAPER</i>					

STEP 2 (Complete Only If Spouse Will Be Buried With Veteran): SPOUSE'S INFORMATION					
10. Spouse's Last Name:	First:	Middle:	Suffix (Jr., Sr.):	11. Date of Birth	12. Social Security #:
13. Is the spouse a veteran also? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, A SEPARATE APPLICATION & DD FORM 214 OR DISCHARGE IS REQUIRED TO RESERVE ADJACENT PLOT **Will spouse be interred with the veteran: Yes ___ No ___					
If decedent is not a veteran, family is required to pay \$500 at time of scheduled interment. Amount of interment fee is subject to change.					

(CIRCLE ONE) WILL YOU BOTH BE: **IN-WALL CREMATION** **IN-GROUND CREMATION** **BURIED**

STEP 3: OTHER ELIGIBLE DEPENDENTS' INFORMATION
<ul style="list-style-type: none"> No documentation is required if your child is under 21 Proof of college enrollment is required if child is under 23 If dependent child is over 23 and permanently handicapped, documentation is required for eligibility—please contact cemetery staff for documentation requirements.

STEP 4: PLEASE PROVIDE CURRENT CONTACT INFORMATION			
14. Mailing Address:	15. City:	16. State:	17. Zip Code:
18. Home Phone:	19. Work Phone:		

STEP 5: PLEASE SELECT THE CEMETERY OF YOUR CHOICE				
20. PLEASE PLACE A CHECKMARK IN ONE OF THE BOXES BELOW AND MAIL THIS FORM ALONG WITH A COPY OF YOUR MOST RECENT DD FORM 214 OR DISCHARGE FORM (NOT CERTIFICATE, ONLY) (DO NOT SEND ORIGINAL) TO THE ADDRESS BELOW THAT CORRESPONDS TO THE CEMETERY OF YOUR CHOICE				
<input type="checkbox"/> Kentucky Veterans Cemetery West, (Near Ft. Campbell)	<input type="checkbox"/> Kentucky Veterans Cemetery Central, (Near Ft. Knox)	<input type="checkbox"/> Kentucky Veterans Cemetery North, Williamstown	<input checked="" type="checkbox"/> Kentucky Veterans Cemetery North East, Greenup County	<input type="checkbox"/> Kentucky Veterans Cemetery South East, Hyden
Kentucky Veterans Cemetery West Application Review 5817 Fort Campbell Blvd. Hopkinsville, KY 42240 (270) 889-6106	Kentucky Veterans Cemetery Central Application Review 2501 N. Dixie Blvd. Radcliff, KY 40160 (270) 351-5115	Kentucky Veterans Cemetery North Application Review 205 Eibeck Lane Williamstown, KY 41097 (859) 823-0720	Kentucky Veterans Cemetery North East Application Review 100 Veterans Memorial Dr. Grayson, KY 41143 (606) 929-5354	Kentucky Veterans Cemetery South East Application Review 1280 KY Hwy 118 Hyden, KY 41749 (606) 672-2168

21. I declare under penalty of law that the information contained herein is true and correct.

Signature of veteran or authorized representative: _____ Date: _____

• See reverse side for information about the Kentucky Veterans Program Trust Fund.

--THIS SECTION COMPLETED BY CEMETERY PERSONNEL — Approved Pending Disapproved