

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"/> 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 there is a spouse**, does he/she wish to be interred here at KVCW in the future? Yes No
41. **If the spouse wishes to be interred at KVCW.** Will the vault or grave liner needed be oversized? Yes No
42. **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)

| | | | | | |
|--|--|--|--|--|--|
| 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 (Army/Guard veterans ONLY) <input type="checkbox"/> Family requests none | | | | | |
| 44. 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 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.