

DESIRED SERVICE START TIME IS SUBJECT TO AVAILABILITY

Prior to submitting this form or publishing service date; contact cemetery to schedule the interment. 270-351-5115

Place cemetery approved start time and date here →

Date: / /
Time: : AM / PM

KENTUCKY VETERANS CEMETERIES INTERMENT APPLICATION

THIS FORM MUST BE FILLED OUT COMPLETELY

Please fax the following to **(270) 351-5445**: This completed application Proof of Eligibility (DD Form 214) 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 of residence:	10. State:	11. ZIP Code:	12. County:		
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"/> Cremated - Scattering Garden <input type="checkbox"/> Casketed - KVCC Provided Grave Liner <input type="checkbox"/> None, Memorial Marker Only <input type="checkbox"/> Casketed - Funeral Director Provided Vault/Liner-Type/Name of Private Vault _____					
14. Is the vault or grave liner to be oversized? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what are its dimensions: _____ X _____ X _____			15. Eulogy by: <input type="checkbox"/> Family Minister or Friend <input type="checkbox"/> None Requested		
16. Does the decedent have a spouse or dependent already interred at KVCC? <input type="checkbox"/> Yes <input type="checkbox"/> No If so what is their name? _____					
FUNERAL HOME INFORMATION					
17. Funeral Home Name:			18. Point of Contact:		
19. Mailing address:			20. City:		
21. State:	22. Zip Code:	23. Phone:	24. Fax:		
NEXT OF KIN INFORMATION					
25. NOK Last Name: First: Middle:		26. Date of Birth: / /			
27. Phone:	28. Social Security #:	29. Mailing address:			
30. City:	31. County:	32. State:	33. Zip Code:		
34. NOK Relationship <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 / <input type="checkbox"/> Male <input type="checkbox"/> Female					
35. 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 in order to reserve the adjacent gravesite</i>					
HONORS INFORMATION (VETERANS ONLY)					
36. 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					
37. Funeral Director has arranged for firing detail to be provided by: _____ <input type="checkbox"/> Family requests none					

A \$500 fee is assessed for all non veteran decedents.

Funeral Director is responsible for verifying marriage documents for eligibility of spouses.

Six (6) floral arrangement maximum at the cemetery for the committal service.

Provisional Report of Death/Burial Permit/Transit Permit required for all casketed remains.