

Desired service start time is subject to availability. Prior to submitting this form, please contact cemetery personnel to schedule the interment. Please call (859) 823-0720 to schedule an interment.

Place cemetery approved start time and date time →

Date: / /  
Time: : AM / PM

# KENTUCKY VETERANS CEMETERIES INTERMENT APPLICATION

**\*THIS FORM MUST BE FILLED OUT COMPLETELY\***

Please fax the following to (859) 824-0324:  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:		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 - KVCN 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 oversized? <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 KVCN? <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"/> KVCN 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. Cellular Phone:	30. Fax:	
NEXT OF KIN INFORMATION						
31. NOK Last Name:		First:	Middle:	32. Date of Birth: / /		
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. <b>IF DECEDENT IS A VETERAN:</b> 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)						
42. 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 <input type="checkbox"/> AML/VFW <input type="checkbox"/> KVCN Director <input type="checkbox"/> Family requests none						
43. 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 (changed as of July 1, 2014)** 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.