

**Committal Service  
Date & Time  
@ KVCNE**

Date:            /        /  
Time            :            AM/PM  
Here            \_\_\_\_\_

**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 **(606) 929-5354** to confirm your schedule.

## KENTUCKY VETERANS CEMETERIES INTERMENT APPLICATION

**\*This form must be filled out completely**

Please fax the following to **(606) 929-5347**:     This completed application     Proof of Eligibility (DD Form 214), unless pre-approved

<b>DECEDENT INFORMATION</b> * PLEASE FILL IN ALL BOXES					
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:	
<b>13. Interment Type (choose one): *Funeral homes are responsible for lowering their own vaults/liners</b> <input type="checkbox"/> Cremated - Columbarium Wall <input type="checkbox"/> Cremated - In-Ground <input type="checkbox"/> Casketed - KVCNE Provided Grave Liner <input type="checkbox"/> Casketed - Funeral Director Provided Vault/Liner – Type 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 What are its dimensions:        _____ X _____ X _____			15. Does the decedent have a spouse or dependent already interred at KVCNE? <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				
<b>FUNERAL HOME INFORMATION</b> * PLEASE FILL IN ALL BOXES					
18. Funeral Home Name:		19. Point of Contact:		20. Email Address:	
21. Mailing address:			22. City:	23. County:	
24. State:	25. Zip Code:	26. Phone:		27. Cellular Phone:	28. Fax:
<b>NEXT OF KIN INFORMATION</b> * PLEASE FILL IN ALL BOXES					
29. NOK Last Name:        First:            Middle:				30. Date of Birth:        /        /	
31. Phone:	32. Social Security #:	33. Street address:			
34. City:	35. County:	36. State:		37. Zip Code:	
38. 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 _____					
39. <b>IF DECEDENT IS A VETERAN:</b> 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.					
<b>HONORS INFORMATION (VETERANS ONLY)</b>					
40. 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 <b>only</b> ) <input type="checkbox"/> Family requests none					
41. Funeral Director has arranged for firing detail to be provided by: _____ <input type="checkbox"/> Family requests none					

• If decedent is not the veteran, a **\$500.00** 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.