



STATE OF CONNECTICUT
DEPARTMENT OF VETERANS AFFAIRS
CEMETERY AND MEMORIAL SERVICES
287 West Street
Rocky Hill, CT 06067



THIS FORM **MUST** BE COMPLETED IN ORDER TO SCHEDULE BURIAL
PLEASE TYPE OR PRINT CLEARLY. THANK YOU.

PARTY RESPONSIBLE FOR BURIAL ARRANGEMENTS:

Name: _____

Relationship to Deceased: _____

Address: _____

Phone Number: _____

DECEASED VETERAN INFORMATION:

BURIAL TYPE (Check appropriate box):

☐ Single Depth ☐ Double Depth ☐ Cremation (In-ground) ☐ Cremation (Columbarium)

Name: _____

SSN: _____

DOB: _____

DECEASED SPOUSE (of Veteran) INFORMATION:

BURIAL TYPE (Check appropriate box):

☐ Single Depth ☐ Double Depth ☐ Cremation (In-ground) ☐ Cremation (Columbarium)

Name: _____

SSN: _____

DOB: _____

RELIGIOUS EMBLEM (OPTIONAL), Emblem Choice _____

HEADSTONE ENDEARMENT (OPTIONAL), 4 word maximum: (Ex: Beloved Wife Mother Grandmother, Until We Meet Again, Gone But Not Forgotten) Note: No personal endearments for columbarium niche covers permitted

Signatures Required Below:

Veteran/Spouse Family Member: _____ Date: _____

Funeral Director: _____ Date: _____
(if applicable)

DVA Cemetery Services: _____ Date: _____

Department of Veterans Affairs
Cemetery and Memorial Services
287 West Street
Rocky Hill, CT 06067
Phone: 860-616-3688
Fax: 860-616-3561
Email: pamela.porter@ct.gov

To Be Completed By DVA

☐ DD-214

☐ Compliance Form

☐ Death Certificate

Revised 12/2017