

Initial Burial _____ Subsequent Burial _____

Decedent Information (Completed by Requester)

Name:				
(First)	(Middle)	(Last)	(Suffix)	
Social Security Number:	Date of Death:	Date of Birth:	Gender:	Relationship to Veteran:
				(V: Veteran; S: Spouse; C: Child)
Home of Record:	City:	County:	State:	Zip:

Contact Information (Completed by Requester)

Name/Name of Funeral Home:		
POC Name:	POC E-Mail:	POC Phone Number:
POC Address:	POC City/State	POC Zip Code

Next of Kin Information (Completed by Requester)

Next of Kin Name:	Next of Kin SSN:	
Relationship to Veteran: <small>(V: Veteran; S: Spouse; C: Child)</small>	NOK E-Mail:	NOK Phone Number:
NOK Address:	NOK City/State	NOK Zip Code

Veteran Information (Completed by Requester)
(If not the Decedent, Query by SSN, Service Number and Name First)

Name:				
(First)	(Middle)	(Last)	(Suffix)	
Social Security Number:	Service Number:	VA Claim Number	Military Status:	Service Eligibility:
Marital Status:	Discharge Form:	Alias?	Branch of Service	Rank:
Entered Active Duty:	Released Active Duty:	War Period	Valor/Non Valor Awards:	

Schedule and Site Assignment Information (Completed by CMS Staff)

Type of Burial:	Type of Grave:	Grave Assignment:
<input type="checkbox"/> Casket <input type="checkbox"/> Cremains (Buried) <input type="checkbox"/> Cremains (Columbarium)	<input type="checkbox"/> Single <input type="checkbox"/> Double	(Section/Row/Site)
Type of Emblem: <i>(Please check one)</i>		
<input type="checkbox"/> NONE <input type="checkbox"/> Enter Code Optional Words of Endearment:		
Date of funeral:	Day of funeral:	Time at cemetery:

Required Documents: Decedents D/C _____; Capital Crime Certificate: _____; Veterans DD 214: _____

Initial Contact Date: _____ Received By: _____