

VETERAN INFORMATION

(DD 214 or other Qualifying Document **MUST** be Submitted)

Name:							
<small>(First)</small>		<small>(Middle)</small>			<small>(Last)</small>		<small>(Suffix)</small>
Address:	City:	State:	ZIP:	Telephone Number:			
Marital Status:	Date of Birth:	E-Mail Address:					
Entered Active Duty:	Released Active Duty:	Branch of Service:	Valor/Non Valor Awards:	Highest Rank Held:			
Wartime Service:	WW I	WW II	Korea	Vietnam	Persian Gulf	Other (Specify)	

SPOUSE INFORMATION FOR PREQUALIFICATION

(If spouse is also a Veteran, Please Complete a Separate Application)

Name:					
<small>(First)</small>		<small>(Middle)</small>		<small>(Last)</small>	<small>(Suffix)</small>
Address:	City	State:	ZIP	Telephone Number:	
Date of Birth:	E-Mail Address:				

AUTHORIZATION

I certify to the best of my knowledge, that all the information provided on this application as well as the supporting documents are true and correct.

Signature: _____ Date: _____

(DO NOT WRITE BELOW THIS LINE)

This application is: _____ Approved _____ Denied, does not meet eligibility criteria

Name of DVA Authorizing Official: _____ Title: _____

Signature: _____ Date: _____

SUBMIT APPLICATIONS TO:

Connecticut Department of Veterans Affairs
 Attn: Cemetery and Memorial Services
 287 West Street, Rocky Hill, CT 06067
 Phone: 860-616-3688 Fax: 860-616-3561
 E-Mail: oa-cms.dva@ct.gov