

# LOUISIANA VETERANS CEMETERIES INTERMENT APPLICATION

(Please Print — This form is to be completed in full. A signature from the Next of Kin is **not** required. SS# of spouse **is** required)

Please email or fax this document to:

**NLVC - nlvc@la.gov or (318) 925-5521**

**CLVC - clvc@la.gov or (337) 238-6448**

**SLVC - slvc@la.gov or (985) 646-6481**

**NELVC - nelavc@la.gov or (318) 728-5921**

Please include Proof of Eligibility (DD Form 214), unless an approved, pre-determined "Advance Eligibility Application" is already on file at NLVC, CLVC, SLVC or NELVC.

DECEDENT INFORMATION							
First Name:		Middle:		Last:		Suffix	
SS #:		Date of Death: / /	Date of Birth: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Veteran <input type="checkbox"/> Dependent		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				Race (for statistical information only): <input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
ZIP Code:		City:		Parish/County:		State:	
Interment Type (choose one): <i>Funeral homes are responsible for lowering private vaults</i> <input type="checkbox"/> Columbarium Wall (Cremated) <input type="checkbox"/> In-Ground (Cremated) <input type="checkbox"/> State-Provided Grave Liner (Casketed) <input type="checkbox"/> Private Vault (Casketed)							
Will the casket or vault be oversized? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the decedent to be interred in the same gravesite as a previously interred spouse or eligible dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Oversize casket or vault dimensions: (L x W x D)			Will a spouse or eligible dependent be interred with decedent in future? <input type="checkbox"/> Yes (If Yes, please check: <input type="checkbox"/> Casketed or <input type="checkbox"/> Cremated) <input type="checkbox"/> No				
Type of religious emblem desired on marker:					Is the Spouse a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Personalized marker inscription ( <i>Beloved Father, Loved By All, etc.</i> ):							
Other Information:							

FUNERAL HOME INFORMATION				
Funeral Home Name:			Phone:	
Cell Phone:		Fax:		Zip Code:
Mailing Address:			City:	State:
Point of Contact:				

NEXT OF KIN INFORMATION					
First Name:		Middle:		Last:	Suffix:
Relationship to decedent:		SS # (required for spouse only)		Phone:	
E-mail:		Street Address:		City:	
State:	ZIP Code	Parish / County:		Date of Birth: / /	

HONORS INFORMATION (VETERANS ONLY)	
Funeral Director <i>has arranged</i> for flag to be presented by this active branch of service (choose one): <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"/> Family requests none	
Funeral Director <i>has arranged</i> for Military Honors – If Eligible (choose one): <input type="checkbox"/> Yes <input type="checkbox"/> Family requests none	

- If decedent is not the veteran, a \$700 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 Burial Transit Permit must accompany all casketed remains.