



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. Social Security number of spouse **IS** required.)

Please email or fax this document to:

NWLVC – nlvc@la.gov or 318.925.5521

CLVC – clvc@la.gov or 337.238.6448

SELVC – slvc@la.gov or 985.646.6481

NELVC – nelvc@la.gov or 318.728.5921

SWLVC – swlvc@la.gov or 337.246.7096

Please provide Proof of Eligibility (DD Form 214), unless an approved, pre-determined “Advance Eligibility Application” is already on file at NWLVC, CLVC, SELVC, NELVC or SWLVC.

DECEDENT INFORMATION							
First Name:		Middle:		Last:		Suffix: (Jr., Sr., III, etc.)	
SS #:		Date of Death: / /		Date of Birth: / /		___ Male ___ Female ___ Veteran ___ Dependent	
___ Never Married ___ Married ___ Divorced ___ Separated ___ Widowed				Race (for statistical information only): ___ African-American ___ Caucasian ___ Hispanic ___ Other			
ZIP Code:		City:		Parish/County:		State:	
Interment Type (choose one): <i>Funeral homes are responsible for lowering private vaults</i> ___ State-Provided Grave Liner/Vault (Casketed) ___ Columbarium Wall (Cremated) ___ In-Ground (Cremated) ___ Scatter Garden (Cremated)							
Will the casket or vault be oversized? ___ Yes ___ No			Is the decedent to be interred in the same gravesite as a previously interred spouse or eligible dependent? ___ Yes ___ No				
Oversize casket or vault dimensions: (L x W x D)			Will a spouse or eligible dependent be interred with decedent in future? ___ Yes (If Yes, please check: ___ Casketed or ___ Cremated) ___ No				
Type of religious emblem desired on marker:						Is the Spouse a Veteran? ___ Yes ___ No	
Personalized marker inscription (Beloved Father, Loved By All, etc.):							
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: (Jr., Sr., III, etc.)	
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): ___ Army ___ Navy ___ Air Force ___ Marine Corps ___ Coast Guard ___ Family requests none							
Funeral Director <i>has arranged</i> for Military Honors – If Eligible (choose one): ___ Yes ___ Family requests none							

- **If decedent is not the veteran, a \$745 fee must be assessed beginning March 1, 2017.**
- 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.