

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 - nelvc@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.

REQUEST TO DETERMINE ELIGIBILITY FOR INTERMENT

(Please print or type)

NAME OF VETERAN: _____
FIRST MIDDLE LAST

Address: _____
STREET CITY STATE ZIP CODE

Home phone: _____ Work phone: _____

Email address: _____

Social security number: _____

Service number (if known): _____

Branch of service: _____

Date entered service: _____

Date separated from service: _____

Type of discharge: _____

Date of birth: _____

NAME OF SPOUSE: _____
FIRST MIDDLE LAST

Social security number: _____

Date of birth: _____

Will the spouse be interred with the veteran? ☐ Yes ☐ No

Is the spouse a veteran? ☐ Yes ☐ No

Military honors at the time of interment is a benefit and an honor earned by the veteran for honorable service in the United States military. Do you wish to have military honors at this funeral? ☐ Yes ☐ No ☐ N/A

Please note: At the time of burial the family will have a choice of "emblems of belief" and "optional inscription" to be placed on the markers.

PLEASE MAIL OR FAX THIS REQUEST AND A COPY OF MOST RECENT
DISCHARGE / SEPARATION FORM DD 214 (DO NOT SEND ORIGINAL)
TO THE CEMETERY OF CHOICE FOR INTERMENT:

**Northwest Louisiana
Veterans Cemetery**
7970 Mike Clark Road
Keithville, LA 71047
Ph: 318-925-0612
Fax: 318-925-5521
nlvc@la.gov

**Central Louisiana
Veterans Cemetery**
3348 University Pkwy.
Leesville, LA 71446
Ph: 337-238-6405
Fax: 337-238-6448
clvc@la.gov

**Southeast Louisiana
Veterans Cemetery**
34888 Grantham College Dr.
Slidell, LA 70460
Ph: 985-646-6458
Fax: 985-646-6481
slvc@la.gov

**Northeast Louisiana
Veterans Cemetery**
2413 Hwy 425
Rayville, LA 71269
Ph: 318-728-4346
FAX: 318-728-5921
nelavc@la.gov