

## 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 (Keithville) – [nlvc@la.gov](mailto:nlvc@la.gov) or 318.925.5521

CLVC (Leesville) – [clvc@la.gov](mailto:clvc@la.gov) or 337.238.6448

SELVC (Slidell) – [sylv@la.gov](mailto:sylv@la.gov) or 985.646.6481

NELVC (Rayville) – [nelavc@la.gov](mailto:nelavc@la.gov) or 318.728.5921

SWLVC (Jennings) – [swlvc@la.gov](mailto: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: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Veteran <input type="checkbox"/> Dependent

Never <input type="checkbox"/> Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Branch of Service
	Highest Rank

ZIP Code:	City:	Parish/County:	State:
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Interment Type (choose one): Funeral homes are responsible for lowering private vaults

State-Provided Grave Liner/Vault (Casketed)  Columbarium Wall (Cremated)  In-Ground (Cremated)  Scatter Garden (Cremated)

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 If yes, prior decedent's name: _____
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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
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Type of religious emblem desired on marker (see attached emblems of belief):	Is the Spouse a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include 214
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Personalized marker inscription (see attached for suggestions):

Other Information:

### FUNERAL HOME INFORMATION (if app)

Funeral Home Name:	Phone:
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Cell Phone:	Fax:
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Mailing Address:	City:	State:
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Point of Contact:	Email:
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### NEXT OF KIN INFORMATION

First Name:	Middle:	Last:	Suffix: (Jr., Sr., III, etc.)
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Relationship to decedent:	SS# (required for spouse only):
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E-mail:	Street Address:
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State:	ZIP Code	Parish / County:	Date of Birth: / /
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### HONORS INFORMATION (VETERANS ONLY)

Funeral Director has arranged for flag to be presented by this active branch of service (choose one):

Army  Navy  Air Force  Marine Corps  Coast Guard  Space Force  Family requests none

Funeral Director will arrange for Military Honors – If Eligible (choose one):  Yes  Family requests none  Honors held at funeral

- **If decedent is not the veteran, a \$745 fee is required at time of need.**

- The Funeral Director is responsible for verifying marriage documents to insure the eligibility of spouses.

- Please insure that only four (4) floral arrangements are delivered to the cemetery for the committal service.

- A Provisional Burial Transit Permit must accompany all casketed remains.