

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 or 318.925.5521

CLVC (Leesville) – clvc@la.gov or 337.238.6448

SELVC (Slidell) – slvc@la.gov or 985.646.6481

NELVC (Rayville) – nelavc@la.gov or 318.728.5921

SWLVC (Jennings) – 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			Branch of ____ Service Highest ____ Rank		
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 If yes, prior decedent's name: _____			
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 (see attached emblems of belief):					Is the Spouse a Veteran? ____ Yes ____ No If yes, include 214
Personalized marker inscription (see attached for suggestions):					
Other Information:					
FUNERAL HOME INFORMATION (if app)					
Funeral Home Name:				Phone:	
Cell Phone:		Fax:		Zip Code:	
Mailing Address:			City:		State:
Point of Contact:			Email:		
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 ____ Space Force ____ Family requests none					
Funeral Director <i>will arrange</i> 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.