

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:

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 provide 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: (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 | |
| <input type="checkbox"/> Never Married <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"/> State-Provided Grave Liner/Vault (Casketed) <input type="checkbox"/> Columbarium Wall (Cremated) <input type="checkbox"/> In-Ground (Cremated) <input type="checkbox"/> 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 | | | | |
| 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 (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): <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 \$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.