

**APPLICATION FOR BURIAL
GEORGIA VETERANS MEMORIAL CEMETERY
2617 VINSON HIGHWAY
MILLEDGEVILLE, GEORGIA 31061
PH (478) 445-3363 FAX (478) 445-3360**

Deceased's Information

Name _____
 First Middle Last Suffix (Jr, III, etc)

Address at Death _____
 City State ZIP County

Date of Birth _____ Date of Death _____ Social Security Number _____

Deceased's Relationship to Veteran: Spouse ___ Dependent ___ Veteran (self) ___

If this is a veteran, is the surviving spouse also a veteran? Yes ___ No ___

Deceased's Marital Status (at time of death): Married ___ Divorced ___ Widowed ___ Single (never married) ___

Is the deceased's spouse or dependent already buried in this cemetery? Yes ___ No ___

Has either the deceased or the veteran ever been convicted of a state or federal capital crime or a Tier III Sex Offense (for which the punishment was life imprisonment)? Yes ___ No ___

Veteran's Information

Name _____
 First Middle Last Suffix (Jr, III, etc)

Maiden Name _____ (If current last name is different from name on Military Discharge)

Social Security Number _____ Military Service Number _____

Military Status: Active Duty ___ Retired ___ Veteran ___

Next of Kin's Information

Name _____
 First Middle Last Suffix (Jr, III, etc)

Mailing Address _____
 Street/PO Box City State ZIP

Phone Number _____ Relationship _____

Funeral Home's Information

Funeral Home _____ Phone _____

Location (City & State) _____ Fax _____

Email Address:

Burial Type: Casketed: Single Vault ___ Double Vault ___ **Note:** Double Vault is for a veteran &
 Cremains: Columbarium ___ In-Ground ___ spouse to be buried together
 Memorial Marker Only (no burial) ___ in the cemetery

If it is a casketed burial, is the casket oversized? Yes ___ No ___ If Yes, what size _____

Tentative Date for the Service at the Cemetery: _____

Desired Time of Service (Please Check One) 11:00am ___ 1:00pm ___ 2:30pm ___

Does the family desire a service at the cemetery? Yes ___ No ___

Does the family desire military honors **at the cemetery** for the veteran? Yes ___ No ___

The Funeral Home is responsible for requesting these honors. Has this been done? Yes ___ No ___

The above statements are true and accurate to the best of my knowledge.

Signature of Veteran/Spouse/Other _____ Date _____
Relationship _____ Phone Number _____

INSTRUCTIONS FOR FILLING OUT THE APPLICATION FORM

(Information provided must be typed or printed legibly.)

The Application for Burial form, military discharge form (DD214), and marriage certificate (for spouses only) must be submitted prior to approval. If the deceased is a dependent child, we must have a birth certificate for the child. If the deceased is a life-long dependent due to physical or mental difficulties, we must also have a doctor's statement stating type of illness, date of onset of illness and capability of self-support. All interment arrangements are tentative until approved by cemetery staff. Do not make announcements about the interment until it is approved.

Please make sure that all the information requested is provided. The request for burial cannot be approved until this information is available. All documents provided must be legible. While originals are not required, hand written or unauthorized changes cannot be made to the copies.

Deceased's Information: This is the information about the person who has passed away. This information is used to verify eligibility, to prepare the temporary marker, and to request the permanent marker. Is the deceased (person who has passed away) the veteran, the spouse of the veteran or an authorized dependent? Was the deceased married, divorced, widowed, legally separated, or single (never having been married) at the time of his or her death. Has the deceased ever been convicted of a state or federal capital crime (a crime for which the sentence could have been death, life in prison without parole, or life in prison) or a Tier III Sex Offense for which the punishment was life imprisonment? If the answer to this last question is yes, then you must include information concerning the crime and conviction with this application.

Veteran's Information: This is the information about the veteran who is establishing eligibility for burial.

Next of Kin's (NOK) Information: The next of kin is a close relative of the **deceased**, eighteen years of age or older, in the following priority: spouse, child, parent, sibling, grandparent, or grandchild. This means that if the deceased was married, then the spouse is the NOK unless legally separated. If not married, then the oldest child is the NOK and so on. If someone will be acting on behalf of the NOK, or if they were made an authorized representative by the deceased prior to death, then that information should be provided on a separate sheet and an explanation given as to the circumstances. We will not be able to order anything but the standard marker (without emblem or inscription) unless these requirements are met. Please provide **a complete mailing** address and telephone number.

Funeral Home's Information: This is the funeral home that is handling the burial arrangements. Please provide telephone and fax numbers as they might have changed since the last time we worked with them. Provide an email address if one is available. If there is no funeral home involved in the arrangements, e.g., a cremation service, please state this. We will need the size of the cremation container prior to the committal service to ensure that it meets our size restrictions.

We only conduct committals Monday through Friday (excluding State holidays). Requested times are subject to availability. Do not make final arrangements until this time has been confirmed by the cemetery staff.

The funeral home is responsible for requesting Military Honors from the appropriate branch of service.

This form must be signed prior to submittal. The person signing this document must be able to verify the information provided to include the statement concerning capital crimes and sex offenses.