



Southwest Virginia Veterans Cemetery

5550 Bagging Plant Road
Dublin, Virginia 24084

OFFICE (540) 674 - 6893 FAX (540) 674 - 6897

PRE-APPLICATION FOR INTERMENT

Name of Veteran _____
(Last) (First) (Full Middle) (Junior/Senior)

Social Security Number _____

Military Service Number _____ Highest Rank _____

Dates of Military Service _____

War Service () WW I () WW II () Korea () Vietnam () Persian Gulf () Iraq

Date and Place of Birth _____

Current Address _____

Spouse OR Next of Kin _____ Relationship _____

Social Security Number _____ Date of Birth _____

Address _____

Telephone Numbers Veteran _____ Next of Kin _____

Desired emblem for headstone or marker is reflective of veteran's religious belief. See following page/back and circle choice.

Please check one of the following concerning your choice of marker:

Ground Interment w/ Upright granite marker _____

If Cremation: Columbarium Niche _____ Ground Inurnment w/ Flat gray granite marker _____

I hereby apply for determination of eligibility for interment in the Southwest Virginia Veterans Cemetery.

Veteran's Signature: _____ Date: _____

1. Enclose **LEGIBLE COPIES** of your discharge papers indicating dates of service, branch of service, type of discharge, and home of record at induction (normally this is a DD214 and/or Form 53).
2. Enclose **LEGIBLE COPY** of marriage certificate, if applicable.
3. **This application is NOT a RESERVATION of a gravesite.** However, a gravesite shall be assigned once Death certificates are presented and pre-application eligibility is confirmed.

*Access through certain portions of the cemetery may be required by the federal government during national emergencies.

How did you hear about us? _____