

# ELIGIBILITY APPLICATION



## SOUTHWEST VIRGINIA VETERANS CEMETERY

5550 Bagging Plant Road, Dublin, VA 24084-3490  
 Phone: (855) 482-8387 Fax: (540) 674-6897 Email: cemeteries@dvs.virginia.gov

PRE-CERTIFICATION     DECEASED (provide date of death below)

Veteran \_\_\_\_\_ Spouse \_\_\_\_\_

**IMPORTANT:** A COPY OF THE VETERAN'S DISCHARGE DOCUMENTATION **IS REQUIRED** AND MUST ACCOMPANY THIS APPLICATION (i.e. DD-214 or equivalent discharge documents; must include character of service)

### *VETERAN'S NAME AND PERSONAL INFORMATION (PLEASE TYPE OR PRINT LEGIBLY)*

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME	4. SUFFIX (JR, SR, Etc)
5. MAILING ADDRESS (PO BOX or NUMBER, STREET, APT/UNIT)			6. PRIMARY TELEPHONE (    )
7. CITY	8. STATE	9. ZIP CODE	10. BIRTH PLACE
11. VETERAN'S SOCIAL SECURITY #	12. VETERAN'S DATE OF BIRTH	13. EMAIL	
14. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			

### *VETERAN'S MILITARY SERVICE RECORD (as shown on required discharge documents)*

15. SERVICE NUMBER (if applicable)	16. DATE ENTERED SERVICE	17. DATE SEPARATED / RETIRED
18. HIGHEST RANK HELD	19. BRANCH OF SERVICE	19.(a) ADDITIONAL BRANCHES OF SERVICE

### *NON-VETERAN SPOUSE INFORMATION – PLEASE SUBMIT COPY OF MARRIAGE CERTIFICATE \*\*\*IF SPOUSE IS ALSO A VETERAN, PLEASE COMPLETE A SEPARATE APPLICATION\*\*\**

20. FIRST NAME	21. MIDDLE NAME	22. LAST NAME
23. SPOUSE'S SOCIAL SECURITY #	24. SPOUSE'S DATE OF BIRTH	25. EMAIL

### *CONTACT – optional (such as Next of Kin or Power of Attorney)*

26. FIRST NAME	27. MIDDLE NAME	28. LAST NAME
29. RELATIONSHIP TO VETERAN	30. PRIMARY TELEPHONE (    )	31. EMAIL
32. ADDRESS (NUMBER, STREET, APT/UNIT, CITY, STATE, ZIP CODE)		

33. PLEASE CHECK INTERMENT / INURNMENT PREFERENCE:     CASKET     COLUMBARIUM (URN)     GROUND (URN)

**CERTIFICATION:** I certify, to the best of my knowledge, that all the information entered on this application as well as the supporting documentation is true and correct. I also certify, to the best of my knowledge, that the veteran or spouse has never committed a capital crime or sexual crime for which a sentence of death or imprisonment for life may be imposed.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Do not write below this line, for completion by cemetery personnel only)

Approved     Denied    Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Pre-certification** allows the Veteran to establish –in advance– his/her eligibility for interment at a Virginia State Veterans Cemetery. There is no cost for pre-certification and it does not obligate the Veteran to be interred at the cemetery. Pre-certification is intended to assist the Veteran’s next-of-kin at the time of death. Please note that this application does not reserve a specific gravesite.

*Certain fees applicable for spouse, dependent and Guardsman/Reservists*

**-Completing the Application-**

- **Blocks 15 through 19(a)** – Service Record information listed on this application is not in lieu of providing the Veterans Cemetery with a copy of Form DD-214 or other equivalent discharge document(s). Failure to provide the required service record document(s) will delay processing of the application. Also, please provide all separate discharge forms for all periods of active duty. **Forms must show type of discharge (Honorable, General, etc.). Discharges characterized as “Bad Conduct” or “Other than Honorable” are subject to adjudication by the VA to determine eligibility.**
- **Blocks 20 through 25** – Complete only if the eligible Veteran’s spouse wishes to be interred at the Veterans Cemetery. Please note that if the spouse is also a Veteran, a separate application must be submitted. If both spouses are Veterans, they each may have their own burial plot (located next to each other) or be interred together.
- **Blocks 26 through 32** – Complete with additional contact information if a person other than the Veteran or spouse may serve as a point of contact.
- **Block 33** – Please indicate your interment / inurnment preference at the time of application (with understanding that your preference may change at a later date).
- In certain circumstances, dependent children may also be eligible for interment. Please contact the Veterans Cemetery Office for more information regarding applications for dependent children.
- The person completing the application should sign and date the form. It is recognized that the Veteran or spouse may require assistance or that a designated individual may complete the application on their behalf.
- Following approval, a Certificate of Eligibility will be mailed within 30 days. If you do not receive your certificate within 30 days, please contact the Veterans Cemetery Office.

For questions or additional information, please call (855) 482-8387. Please mail, fax, email or hand deliver the completed application, along with supporting documentation and your Emblem of Belief preference (attached) to:

**Southwest Virginia Veterans Cemetery**

**5550 Bagging Plant Road**

**Dublin, VA 24084-3490**

**Phone: (855) 482-8387 Fax: (540) 674-6897 Email: [cemeteries@dvs.virginia.gov](mailto:cemeteries@dvs.virginia.gov)**

Website: [www.dvs.virginia.gov/cemeteries](http://www.dvs.virginia.gov/cemeteries)

**REMINDER: VETERAN’S DISCHARGE DOCUMENTS MUST ACCOMPANY THIS APPLICATION**