

INTERMENT CHECKLIST GUIDE

Requested Cemetery NATIONAL MEMORIAL CEMETERY OF ARIZONA

First or Second Interment

Decedent First, Middle and Last Name

Decedent SSN#

Date of Death

Date of Birth

Gender

Relationship (veteran or dependent)

Contact (First Name)

Name of Funeral Home ANGELS CREMATION & BURIAL

Next of Kin - First, Middle and Last Name

Relationship to Deceased (Married or Other)

SSN#

Phone Number w/ Area Code

Zip Code

Street Address

Requested Religious Emblem for Headstone

Did Decedent reside within 75 miles of cemetery

Zip Code of Decedent at time of death

County of Decedent at time of death

Casket or Cremation burial Cremation in ground columbarium

Marital Status

Standard Government Liner/Private Vault/Cremation Urn/Dimensions

Previous Interment - Name of Person Interred

Is Spouse a Veteran (Set Aside Grave Requested)

Any Adult Handicapped Dependent Children to be interred

Is Military Honors Requested

Any Legal Name Changes

Service or Direct Interment

Any Special Requests

PART III - CLAIM FOR PLOT COST ALLOWANCE		
IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.		
23. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?	24. PLACE OF BURIAL OR LOCATION OF CREMAINS	
25A. COST OF BURIAL PLOT (Individual Grave Site, Mausoleum Vault, or Columbarium Niche)	25B. DATE OF PURCHASE	25C. DATE OF PAYMENT
\$		
26A. HAVE BILLS BEEN PAID IN FULL? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Item 26B)	26B. AMOUNT PAID \$	27. WHOSE FUNDS WERE USED?
28A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 28B and 28C)	28B. AMOUNT OF REIMBURSEMENT \$	28C. SOURCE OF REIMBURSEMENT
29A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE, ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 29B and 29C)	29B. AMOUNT \$	29C. SOURCE
PART IV - CERTIFICATION AND SIGNATURE		
I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.		
30A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 36A thru 37B) (If signing for firm, corporation, or State agency, complete Items 30B thru 31)	30B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY	
31. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT		
NOTE - Where the claimant is a firm or other unpaid creditor, Items 32A thru 35 MUST be completed by the individual who authorized services.		
I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.		
32A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 36A thru 37B)	32B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)	
33. ADDRESS (Number and street or rural route, city or P.O., State and Zip Code)		
34. DATE	35. RELATIONSHIP TO VETERAN	
WITNESS TO SIGNATURE IF MADE BY "X" MARK		
NOTE - Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.		
36A. SIGNATURE OF WITNESS	36B. ADDRESS OF WITNESS	
37A. SIGNATURE OF WITNESS	37B. ADDRESS OF WITNESS	
PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.		
DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS		
The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or service woman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals in a national or post cemetery are furnished automatically without request from the family.		
For additional information and an application, contact the nearest VA office.		