

# ELIGIBILITY APPLICATION



## WASHINGTON STATE VETERANS CEMETERY

**21702 W Espanola Rd, Medical Lake, WA 99022**

Phone: (509) 299-6280 Fax: (509) 299-6286 Email: cemetery@dva.wa.gov

PRENEED

DECEASED **Provide Death Certificate Upon Availability**

Date of Death: Veteran \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse \_\_\_\_/\_\_\_\_/\_\_\_\_

Desired date of service at cemetery? \_\_\_\_/\_\_\_\_/\_\_\_\_

**INTERMENT TYPE: CHECK BLOCKS THAT APPLY**

Casket  Cremation:  Columbarium Wall  Cremation, Burial Plot  Cremation, Scatter Garden  Other

**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	3. MIDDLE	4. SUFFIX
5. MAILING ADDRESS (PO BOX or NUMBER, STREET, APT/UNIT)			6. PRIMARY TELEPHONE ( )
7. CITY	8. STATE	9. ZIP CODE	10. ALTERNATE TELEPHONE ( )
11. SOCIAL SECURITY #	12. DATE OF BIRTH	13. GENDER	14. EMAIL
15. MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED			

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

16. SERVICE NUMBER (if applicable)	17. DATE ENTERED SERVICE	18. DATE SEPARATED / RETIRED
19. HIGHEST RANK HELD	20. BRANCH(ES) OF SERVICE	21. MILITARY AWARDS (See reverse for guidance)

### NON-VETERAN SPOUSE INFORMATION (A Copy of the Marriage Certificate is required) IF SPOUSE IS ALSO A VETERAN, PLEASE COMPLETE A SEPARATE APPLICATION & SUBMIT SIMULTANEOUSLY

22. LAST NAME	23. FIRST	24. MIDDLE
25. SOCIAL SECURITY #	26. DATE OF BIRTH	27. PRIMARY TELEPHONE
28. GENDER	29. EMAIL	

### PERSONAL REPRESENTATIVE - Authorized to arrange final disposition(s) if applicant(s) are unable

30. LAST	31. FIRST	32. MIDDLE
33. RELATIONSHIP TO VETERAN	34. PRIMARY TELEPHONE ( )	35. EMAIL
36. ADDRESS (NUMBER, STREET, APT/UNIT, CITY, STATE ZIP CODE) <i>Include copy of medical or legal document.</i>		

37. PLEASE CHECK WHERE YOU WANT ELIGIBILITY DETERMINATION MAILED:  VETERAN  PERSONAL REP

**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 have never committed a capital crime or sexual crime for which a sentence of death or imprisonment for life may be imposed.

**Veteran's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

**See reverse for instructions on completing this form**

Revised DEC 2021

## -Completing the Application-

**Preregistration** allows the Veteran to establish in advance eligibility for interment at the WA State Veterans Cemetery. There is no cost for preregistration and it does not obligate the Veteran to be interred at the Cemetery. Please note: This application does not reserve a specific gravesite and is not contractually binding. Preregistration is intended to help Veterans with preplanning and assist survivors with final disposition at the time of need.

There is no cost for Veterans for interments. There is a nominal fee for an eligible family member, due at the time of interment. Any associated funeral expenses are incurred by the decedent's next-of-kin or their estate.

Instructions for completing the application are provided below:

- **Interment Type: Casketed** or Traditional full body burial or **Cremation**. Cremation Interment Options: *Columbarium Wall, Ground Burial Plot, Scatter Garden, Scatter Elsewhere, Burial at Sea, Other. **It is required you inform Cemetery staff if the spouse chooses an interment type different than the veteran.***
- **Blocks 16 through 20** – Service Record information listed on this application is not in lieu of providing the Cemetery 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 discharge documents for each active duty service period. **DD214 must show type of discharge (Honorable, General, etc.). Note: Member Copy 1, short form often does not include characterization.**
- **Block 21** – Please list any of the following military awards obtained and provide supporting documentation: Medal of Honor (MOH), Distinguished Service Cross (DSC), Navy Cross (NC), Air Force Cross (AFC), Silver Star (SS), Purple Heart (PH), and Prisoner of War (POW).
- **Blocks 22 through 29** – Complete only if the eligible veteran's spouse wishes to be interred at the Veterans Cemetery. *Please note: If both spouses are veterans, each may have their own burial plot, or the couple may be interred together in the same plot. In order to reserve a plot, a separate application must be submitted simultaneously with supporting discharge documentation.*
- **Blocks 30 through 36** – Complete the **Personal Representative** information to designate an agent to carry out your disposition instructions or make disposition decisions with the Cemetery upon your/your spouse's passing, or should you or your spouse become unable to. Check box **39** to designate the primary contact if a person other than the Veteran or spouse will serve as the primary point of contact.
- In certain circumstances, dependent children may also be eligible for interment. Please contact the Cemetery for specific information regarding eligibility requirements 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 **Determination Letter** will be mailed in 30 to 60 days. Feel free to contact the cemetery office if you do not receive written correspondence after 60 days. Please update any changes to your contact information with the Cemetery.

For questions or further information, please call (509) 299-6280. Mail or fax completed application to:



**Washington State Veterans Cemetery**  
**21702 W Espanola Rd, Medical Lake WA 99022**  
Phone (509) 299-6280 Fax (509) 299-6286  
Email [cemetery@dva.wa.gov](mailto:cemetery@dva.wa.gov)  
Website: [www.dva.wa.gov/cemetery](http://www.dva.wa.gov/cemetery)

To locate a gravesite go to <https://gravelocator.cem.va.gov/ngl/index.jsp> or on a mobile device <https://m.va.gov/gravelocator/>.

**REMINDER: VETERAN'S DISCHARGE DOCUMENT(S) MUST ACCOMPANY THIS APPLICATION ALONG WITH A MARRIAGE CERTIFICATE TO QUALIFY A SPOUSE.**