



- Spooner (NWVMC)** N4063 Veterans Way, Spooner, WI 54801
Phone (715) 635-5360 Fax (715) 635-5363/E-mail: NWVMC@dva.wisconsin.gov
- Union Grove (SWVMC)** 21731 Spring St., Union Grove, WI 53182
Phone (262) 878-5660 Fax (262) 878-5664/E-mail: SWVMC@dva.wisconsin.gov
- King (CWVMC)** N2665 County Road QQ, King, WI 54946
Phone (715) 258-5586 x 2203 Fax (715) 256-3513
Email: CWVMC@dva.wisconsin.gov

PRE-REGISTRATION FOR CEMETERY INTERMENT — APPLICATION

STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS, 201 West Washington Avenue, P. O. Box 7843, Madison, WI 53707-7843, (608) 266-1311 1-800-WIS-VETS (947-8387)

Cemetery Control #: _____

Please check the appropriate box on application to establish eligibility of a veteran for interment at one of the state veteran's cemeteries: **Spooner, Union Grove, or King.** Follow registration procedures regarding submission of military service, residency and/or marriage documentation. Once eligibility has been established, you will receive pre-registration confirmation to your request.

CEMETERY PRE-REGISTRATION

If you desire to be contacted by e-mail, please enter your e-mail address below or correspondence will be by mail.

Your E-mail Address: _____

VETERAN APPLICANT PERSONAL INFORMATION

Last Name	Suffix <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	First	Middle Name
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Present Street Address:

City	County	State	Zip
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Home Phone: _____

Work Phone: _____

Date of Birth (mm/dd/yyyy)	Social Security Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated
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Service Type: (Type of interment can be changed at a later date.) Casket Cremation

SPOUSE APPLICANT PERSONAL INFORMATION: (Complete only if pre-registering.)

Last Name	Suffix <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	First	Middle Name
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Check if you are a veteran or current military member

Date of Birth (mm/dd/yyyy)	Social Security Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated
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Service Type: (Type of interment can be changed at a later date.) Casket Cremation

VETERAN'S MILITARY SERVICE INFORMATION

Branch of Service: (Must be consistent with rank.)
 Army Marine Corps Navy Air Force Coast Guard Merchant Marine Other

Period of Service: (Check applicable box(es).)
Persian Gulf Vietnam Korea World War II National Guard or Reserves (20 years of Other
qualifying service or retired)

Service / Social Security Number: _____ Highest Rank Attained: _____

PERIODS OF ACTIVE DUTY MILITARY SERVICE: (If more than 3 active duty periods, enter the longest.)

First Service Period Entry Date (mm/dd/yyyy)	Separation Date (mm/dd/yyyy)	Second Service Period Entry Date (mm/dd/yyyy)	Separation Date (mm/dd/yyyy)
Third Service Period Entry Date (mm/dd/yyyy)	Separation Date (mm/dd/yyyy)		

I certify that all information I have provided on this application and the supporting documentation is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

THIS PORTION TO BE COMPLETED BY CEMETERY PERSONNEL

RESIDENCY CONFIRMED: **CHARACTER OF SERVICE CONFIRMED:**

Name: _____ Application is: Approved Denied

Title: _____ Date: _____

If Denied, Reason: _____

Date confirmation sent to applicant confirming pre-registration: _____