

CWVMC Submit to:

N2665 County Road QQ N4063 Veterans Way King, WI 54946 Fax: 715-256-3513

NWVMC Submit to:: Spooner, WI 54801 Fax: 715-635-5363

SWVMC Submit to: 21731 Spring Street Union Grove, WI 53182 Fax: 262-878-5664

PRE-REGISTRATION APPLICATION FOR CEMETERY INTERMENT

For faster processing, submit the application and upload documents via MyWisVets.com

PREFERRED CEMETERY (Select one. You o	are not obligated to keep this selection	on.)				
☐ King (CWVMC) ☐	Spooner (NWVMC)	☐ Union Grove (SWVMC)				
VETERAN INFORMATION (Required)						
First Name	Aiddle Name	Last Name	Suffix			
Current Street Address						
City	State	Zip Code	County			
Home Phone	Mobile Phone	Email Add	ress			
Date of Birth (MM/DD/YYYY)	Social Security Number		Gender □ Male □ Female			
Marital Status ☐ Single ☐	Married ☐ Divorced [☐ Widowed	☐ Legally Separated			
Interment Type (Select one - You are not obligated to keep this selection)						
☐ Casket – In-ground ☐ Cremation – Columbarium						
☐ Cremation — Urn Garden ☐ Cremation — Scattering Garden (Spooner and Union Grove Only)						
Military Funeral Honors						
Branch of Service (Must be consistent with	rank)					
☐ Air Force ☐ Army	☐ Coast Guard ☐	Marine				
☐ Merchant Marine ☐ Navy	☐ Space Force ☐	Other				
Period of Service (Check all that apply)						
☐ Afghanistan ☐ Iraq ☐	Korea 🔲 National G	uard or Resei	ves (20 years of qualifying service or retired)			
☐ Persian Gulf ☐ Vietnam ☐ World War II ☐ Other						
Service Number	ŀ	Highest Rank Attained				
PERIOD OF ACTIVE-DUTY MILITARY SERVICE (DD-214(s) must be submitted with application.)						
First Period of Service	Second Period of Service	a with approach	Third Period of Service			
Entry Date (MM/DD/YYYY)	Entry Date (MM/DD/YYYY)		Entry Date (MM/DD/YYYY)			
Separation Date (MM/DD/YYYY)	Separation Date (MM/DD/)	/YYY)	Separation Date (MM/DD/YYYY)			
Discharge – Character of Service						
☐ Honorable ☐ 0	General 🗆 Ent	ry Level Sepa	ration/Uncharacterized			
☐ Other Than Honorable ☐ I	Dishonorable 🔲 Dis	honorable				
SPOUSE INFORMATION (If applicable. A copy of the marriage certificate must be submitted with the application.)						
	opy of the marriage certificate must 1iddle Name	Last Name				
Current Street Address	nddie Name	Last Naiii	Sullix			
City	State	Zip Code	County			
•	1obile Phone	Email Add	·			
Date of Birth (MM/DD/YYYY)	Social Security Number	L	Gender □ Male □ Female			
Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated						
Spouse Interment Type (Select one- You are not obligated to keep this selection) (Fee required for Non-Veteran Spouse)						
☐ Casket – In-ground ☐ Cremation – Columbarium						
☐ Cremation —Urn Garden ☐ Cremation —Scattering Garden (Spooner and Union Grove Only)						
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PRE-REGISTRATION APPLICATION FOR CEMETERY INTERMENT

SPOUSE INFORMATION CONTINUED (If applicable. A copy of the marriage certificate must be submitted with the application.)							
Military Funeral Honors (Veteran Spouse Only)							
Veteran Spouse Branch of Service (If applicable - Must be consistent with rank)							
☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine							
☐ Merchant Marine ☐ Navy ☐ Space Force ☐ Other							
Veteran Spouse Period of Service (Check all that apply)							
☐ Afghanistan ☐ Iraq ☐ Korea ☐ National Guard or Reserves (20 years of qualifying service or retired)							
☐ Persian Gulf ☐ Vietnam ☐ World War II ☐ Other							
Service Number Highest Rank Attained							
VETERAN SPOUSE PERIOD OF ACTIVE-DUTY MILITARY SERVICE (If applicable. DD-214(s) must be submitted with application)							
First Period of Service Second Period of Service		Third Period of Service					
Entry Date (MM/DD/YYYY)	Entry Date (MM/DD/YYYY)		Entry Date (MM/DD/)				
Separation Date (MM/DD/YYYY)	•		Separation Date (MN	•			
Discharge – Character of Service		,	1	, , ,			
☐ Honorable ☐ General ☐ Entry Level Separation/Uncharacterized							
☐ Other Than Honorable ☐ Bad Conduct ☐ Dishonorable							
DEPENDENT INFORMATION (If applicable. A copy of the birth certificate or legal adoption papers and medical documentation must be submitted with the application.)							
	dle Name	Last Name	mast be submitted with	Suffix			
Current Street Address	are riarrie	- Last Harrie		Samo			
City State		Zip Code	County				
Date of Birth (MM/DD/YYYY)	Social Security Number	•	Gender ☐ Male	□ Female			
Dependent Interment Type (Select one. Y	,						
☐ Casket – In-ground ☐ Cremation —Columbarium							
☐ Cremation —Urn Garden ☐ Cremation —Scattering Garden (Spooner and Union Grove Only)							
NEXT OF KIN INFORMATION (Responsible for interment arrangements if a First Name Middle Name		Last Name					
Current Street Address	uie Naille	Last Name		Sullix			
City State							
	oile Phone		Email Address				
Would you like to share your personal story or donate any items pertaining to your service to the Wisconsin Veterans Museum?							
Yes, I would like someone to contac	_		, through an aral histor	a, interview			
Yes, I would like someone to contact me now to discuss sharing my personal story through an oral history interview. Please contact my Next of Kin upon passing to discuss potential donations.							
 □ No, I do not wish to donate at this time. 							
INO, I do not wish to donate at this time.							
I attest that, to the best of my knowledge, the information I have provided on this application and the supporting							
documentation are true and accurate.							
accamentation are true and accurate.							
Veteran Signature:		Date:					
Veteran Spouse Signature:		Date:					
(If applicable)							

STATE OF WISCONSIN VETERANS MEMORIAL CEMETERY PRE-REGISTRATION INFORMATION

Please note that pre-registering with a Wisconsin State Veterans Cemetery <u>is not</u> required for interment. Eligibility may also be determined at the time of need.

<u>VETERAN ELIGIBILITY:</u> Burial is almost exclusively based on a veteran meeting the <u>military service</u> requirements.

Military service requirement for burial in Wisconsin State Veterans Cemeteries must be in accordance with the eligibility standards as set by the U.S. Department of Veterans Affairs – National Cemetery Administration, the requirements of Chapter 45 of the Wisconsin statutes, and, as a minimum, must meet one of the following:

- Veteran was discharged from "active duty" under other than dishonorable conditions.
- Veteran died while on "active duty".
- Veteran served at least 20 years in the National Guard or Reserves and qualified for military retirement pay (or would have qualified except death occurred before age 60).

ELIGIBILITY FOR A VETERAN'S IMMEDIATE FAMILY MEMBERS

Spouses, surviving spouses, and dependent children are eligible for interment even if the veteran is not buried or memorialized in a state veteran's cemetery and the veteran would have met military service requirements. This includes lost or buried at sea, missing or missing in action, or whose remains have been donated to science or cremated and the cremated remains scattered.

Eligibility Includes:

- A surviving spouse of an eligible veteran who has been interred and remarries retains their eligibility for burial.
- Any natural or adoptive child of an eligible veteran who is under the age of 18 or is under 26 years of age and pursuing a course of instruction at an approved educational institution.
- An adult child of an eligible veteran of any age if the child is physically or mentally disabled and incapable of self-support by reason of mental or physical disability.

<u>DOCUMENTATION REQUIRED FOR PRE-REGISTRATION:</u> The following documents are generally required for pre-registration, but additional documentation may be required:

- 1. **Veteran(s)** Legible Military discharge (DD Form 214) or other type of acceptable discharge document(s).
- 2. **Spouse** Copy of a legal marriage certificate.
- 3. **Dependent Child** Copy of a birth certificate or legal adoption papers. Medical documentation outlining the nature of the child's disability. Upon review of the initial information given, additional information may be requested.
- 4. If a Power of Attorney is pre-registering and signing the application on behalf of the veteran, a copy of the activated POA must be provided.
- 5. If a surviving spouse is pre-registering for a deceased spouse, a copy of the death certificate must be provided.

If a copy of acceptable discharge documents is not available, military service records may be requested online using the National Archives' eVetRecs website at:

https://vetrecs.archives.gov/VeteranRequest/home.html

INTERMENT OPTIONS:

KING

In-ground Caskets
In-ground Cremation Urn Garden
Above Ground Cremation Columbarium

SPOONER

In-ground Caskets In-ground Cremation Urn Garden Above Ground Cremation Columbarium

* Cremation Scattering Garden

UNION GROVE

In-ground Caskets
In-ground Cremation Urn Garden
Above Ground Cremation Columbarium
* Cremation Scattering Garden

* The Cremation Scattering Gardens allow families to place cremated remains in-ground without a burial container.

BURIAL ITEMS PROVIDED:

Burial Space: Next available; no pre-selection, one space per veteran

Pre-Set Liner: Concrete liner for casket interments (double depth for Veteran/Spouse)

Marker: (Varies by Cemetery and burial option)

<u>Upright Granite/Marble</u> – for casket burials and newer cremation urn garden sections
 Granite/Marble Niche Cover – for cremated remains in columbarium (above ground)

• Bronze Niche Memorial Plaque – for cremains in scattering garden

BURIAL FEES:

There is no charge for burial of an eligible veteran with use of burial items supplied by the cemetery. A fee applies for a non-veteran spouse or dependent child of an eligible veteran. Fees cannot be prepaid and are subject to change. For up-to-date information on burial fees, please contact the cemetery or visit the WDVA's website at:

https://dva.wi.gov/Pages/memorialsBurials/BurialFees.aspx

Outside dealer vaults for casket remains are accepted at all Wisconsin State Veterans Cemeteries. Additional fees apply if a family decides to have their own vault placed instead of using the liner already provided by the cemetery.

MILITARY FUNERAL HONORS:

Veterans generally are eligible for Military Funeral Honors at their funeral if they meet one of the following requirements:

- Currently serving on active duty or in the Selected Reserve (drilling with a unit).
- Discharged from active duty under conditions other than "dishonorable" while meeting appropriate length of service criteria.
- Completed at least one term of enlistment or period of initial obligated service in the Selected Reserve or National Guard under conditions other than "dishonorable."
- Discharged from the Selected Reserve or National Guard due to a disability incurred or aggravated in the line of duty.

For more information about Military Funeral Honors, visit the WDVA's website at:

https://dva.wi.gov/Pages/memorialsBurials/MilitaryFuneralHonors.aspx

CEREMONIAL FLAG:

The U.S. Department of Veterans Affairs provides one flag per veteran at no cost. Normally, the flag is obtained by a funeral director or CVSO, who completes the paperwork.

The flag is presented to the family or next of kin when Military Funeral Honors are provided.

For more information and assistance, visit the Federal VA Burial Benefits/Burial Flags website at:

https://www.va.gov/burials-memorials/memorial-items/burial-flags/

DONATION INFORMATION:

Memorial and monetary donations can be made to any of the Wisconsin State Veterans Cemeteries. These programs allow families, friends, and organizations to memorialize their loved ones through the beautification of the cemetery grounds or by supporting programming such as Memorial Day. Contact the cemeteries directly for details and brochures