



LOUISIANA VETERANS CEMETERIES INTERMENT APPLICATION

This form is to be completed in full. A signature from the Next of Kin is **NOT** required. Social Security number of veteran **IS** required.

Please email or fax this document to:

NWLVC (Keithville) – nlvc@la.gov or 318.925.5521
 CLVC (Leesville) – clvc@la.gov or 337.238.6448
 SLVC (Slidell) – slvc@la.gov or 985.646.6481
 NELVC (Rayville) – nelvc@la.gov or 318.728.5921
 SWLVC (Jennings) – swlvc@la.gov or 337.246.7096

Please provide Proof of Eligibility (DD Form 214), unless an approved, pre-determined “Advance Eligibility Application” is already on file at NWLVC, CLVC, SLVC, NELVC or SWLVC.

By submitting this form I accept and agree with all VA regulations for burial.

DECEDENT INFORMATION							
First Name:		Middle:		Last:		Suffix: (Jr., Sr., III, etc.)	
SS #:		Date of Death:		Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Veteran <input type="checkbox"/> Dependent	
<input type="checkbox"/> Never Married <input type="checkbox"/> Married		<input type="checkbox"/> Divorced <input type="checkbox"/> Separated		<input type="checkbox"/> Widowed		Branch of Service: _____ Highest Rank: _____	
ZIP Code:		City:		Parish/County:		State:	
Interment Type (choose one): <input type="checkbox"/> State-Provided Grave Liner/Vault (Casketed) <input type="checkbox"/> Columbarium Wall (Cremated) <input type="checkbox"/> In-Ground (Cremated) <input type="checkbox"/> Scatter Garden (Cremated)							
Will the casket or vault be oversized? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the decedent to be interred in the same gravesite as a previously interred spouse or eligible dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, prior decedent's name: _____				
Oversize casket or vault dimensions: (L x W x D)			Will a spouse or eligible dependent be interred with decedent in future? <input type="checkbox"/> Yes (If Yes, please check: <input type="checkbox"/> Casketed or <input type="checkbox"/> Cremated) <input type="checkbox"/> No				
Type of religious emblem desired on marker: (see attached for pictures)						Is the Spouse a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include DD-214	
Personalized marker inscription (see attached for character limits):							
Other Information:							
FUNERAL HOME INFORMATION (IF APPLICABLE)							
Funeral Home Name:					Phone:		
Cell Phone:			Fax:			Zip Code:	
Mailing Address:				City:		State:	
Point of Contact:				Email:			
NEXT OF KIN INFORMATION (MUST BE CLOSEST LIVING RELATIVE)							
First Name:		Middle:		Last:		Suffix: (Jr., Sr., III, etc.)	
Relationship to decedent:		SS# (required for spouse only):			Phone:		
E-mail:		Street Address:			City:		
State:	ZIP Code:	Parish / County:			Date of Birth:		
HONORS INFORMATION (VETERANS ONLY)							
Funeral Director <i>has arranged</i> for flag to be presented by this active branch of service (choose one): <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Space Force <input type="checkbox"/> Family requests none							
Funeral Director <i>will arrange</i> for Military Honors – If Eligible (choose one): <input type="checkbox"/> Yes <input type="checkbox"/> Family requests none <input type="checkbox"/> Honors held at funeral							

- **If decedent is not the veteran, a fee is required at time of need.**
- The Funeral Director is responsible for verifying marriage documents to insure the eligibility of spouses.
- Please insure that only 3 floral arrangements are delivered to the cemetery for the committal service.
- A Provisional Burial Transit Permit must accompany all casketed remains.