



Washington State Veterans Cemetery Pre-Registration Application

21702 W Espanola Rd • Medical Lake, WA 99022
Phone 509-299-6280 • Fax 509-299-6286

REQUEST TYPE (Check all that apply)

- Pre-registration of Veteran
- Pre-registration of Spouse
- Pre-registration of Dependent Child

INTERMENT TYPE

- Casket Cremation: Columbarium Wall
- Undecided Ground Plot Scattering Garden

Refer to the instructions on page 2. Please complete an Interment Application for a deceased veteran or spouse.

VETERAN'S INFORMATION

Last Name _____ First Name _____ Middle Name _____
 Address _____ City _____ State _____ ZIP _____
 Daytime Phone (____) _____ Cell Phone (____) _____ Email Address _____
 Gender Male Female Date of Birth _____ Social Security # _____
 Marital Status Never Married Married Divorced Widowed Legally Separated

SERVICE RECORD (**REQUIREMENT:** A copy of each Form DD-214 or equivalent document to verify dates/rank/character of service entered here)

Service Branch _____ Rank at discharge _____ Entry Date _____ Separation Date _____
 Service Branch _____ Rank at discharge _____ Entry Date _____ Separation Date _____
 Do you have a service connected disability? _____ Are you registered at a VA Hospital? _____ Which one? _____

CONTACT INFORMATION (Complete only if someone other than the Veteran should be contacted about this form)

Last Name _____ First Name _____ Middle Name _____
 Address _____ City _____ State _____ ZIP _____
 Daytime Phone (____) _____ Cell Phone (____) _____ Email Address _____
 Relationship to Veteran _____
 Use Contact Information for All Mailed Correspondence Telephone Contact Only Both

SPOUSAL/DEPENDENT INFORMATION (**REQUIREMENT:** For Spousal application, a copy of the Marriage License/Certificate is required with this form. For dependent application, a copy of the birth certificate and documented proof of dependency, if over the age of 18, is required with this form.)

Last Name _____ First Name _____ Middle Name _____
 Address _____ City _____ State _____ ZIP _____
 Daytime Phone (____) _____ Cell Phone (____) _____ Email Address _____
 Gender Male Female Date of Birth _____ Social Security # _____
 Marital Status Single Married Divorced Widowed Legally Separated

Authorization

I certify to the best of my knowledge, that all of the information provided on this application as well as the supporting documentation are true and correct.

Signature _____ Printed Name _____

Date _____ If not the veteran, relationship to Veteran _____

Pre-Registration Application Instructions

Pre-Registration allows a veteran to establish **in advance**, his/her eligibility for interment at the Washington State Veterans Cemetery. There is no cost for pre-registration and it does not obligate the veteran to be interred at the cemetery. Pre-registration is intended to simplify and assist the veteran's next-of-kin at time of death.

Interment fees for eligible veterans are paid by the Department of Veterans Affairs. \$300.00 will be collected for interment of eligible spouses or eligible dependent children at the time of placement.

Please complete the application as instructed below:

- Check the "Pre-registration of Veteran" box and select "Interment Type." Eligible spouses and adult dependent children may also be pre-registered at the same time as the veteran, if so desired (see below).
- Complete the "Veteran's Information" and "Service Record" sections of the form. Please note that the "Service Record" information listed on this application is not in lieu of providing the Veterans Cemetery with a copy of **each Form DD-214** or equivalent discharge document that the veteran was issued. **Be sure that the character of service is indicated on the document.** A copy of each of these documents **MUST** be included when submitting this application. Failure to provide the required service record documents will delay processing of the application.
- If at the time of pre-registration, it is felt that a person other than the eligible veteran should be designated as the point of contact, please complete the "Contact Information" section, otherwise, leave blank if we should contact the veteran when the Cemetery Office has questions.
- Complete the "Spousal/Dependent Information" if the eligible spouse or dependent wishes to be interred in the Veterans Cemetery. A copy of the **marriage license or marriage certificate MUST** be included when submitting this application. Failure to provide a copy of the Marriage License /Certificate will delay processing of the application.
- In certain circumstances, dependent children may also be eligible for interment. Complete the "Spousal/Dependent Information" if you wish to pre-register the eligible dependent child. A copy of the birth certificate and other eligibility documents must be included when submitting the application. Please contact the Veterans Cemetery Office for more information regarding dependent children, including the documentation required.
- The person completing the application should sign and date the form. Please indicate the relationship to the veteran. It is recognized that in certain cases the veteran may require assistance and not be the individual completing the application.

REQUIRED DOCUMENT

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For questions or further information, please call (509) 299-6280 or contact the office via E-mail at cemetery@dva.wa.gov. Mail, fax, or email the completed application and copies of the required supporting documents to:

Washington State Veteran's Cemetery
21702 W. Espanola Rd
Medical Lake, WA 99022
Phone 509-299-6280 Fax 509-299-6286

Additional Resources

Washington Department Veterans Affairs
Washington State Veterans Cemetery
Department of Veterans Affairs
National Cemetery Administration
Burial Benefits Eligibility
Veterans Eligibility Benefits Counselor
Obtaining Military Records/Medals

<http://www.dva.wa.gov>
http://www.dva.wa.gov/eastern_wa_vet_cemetery.html
<http://www.va.gov>
<http://www.cem.va.gov>
<http://www.cem.va.gov/eligible.htm>
1-800-827-1000
<http://www.cem.va.gov/records.htm>