

Washington State Veterans Cemetery Interment Application

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

Refer to the instructions on page 2 DECEDENT'S INFORMATION				
Last Name	First Name	N	liddle Name	
Residence at time of death: City	Co	unty	State	ZIP
Social Security #	Date of Birth		Date of Death	
Gender ☐Male ☐Female Decedent S	Status	☐Active Duty ☐Spe	ouse Depende	ent Child
Marital Status ☐ Never Married ☐ Mari	ried Divorced DW	dowed Legally Separ	rated	
Is the Decedent pre-registered?	o Yes – Confirmatio	on #		
*Please provide a photocopy of the certifie	d death certificate whe	n it becomes available		
Is an immediate family member interred in	this cemetery?	If yes, name and relat	onship:	
Interment Type ☐ Casket ☐ Cremation:	Columbarium Wall	Ground Plot Scatt	ering Garden	
Have military honors already been provided	d? □Yes □No			
Do you wish to have a military honors serv	ice at the cemetery?	Yes □No If yes, dat	e desired:	
SERVICE RECORD(You MUST include a copy	•			
Veteran's Name			•	
Service Branch R. Service Branch R.				
Does veteran have a service connected	-	-	_	
++++D 1 - 1 *	the contract of the contract of the contract of	to a control of a first and the first and the first	4444	
	on must match ran	k and dates in this	section****	
NEXT-OF-KIN CONTACT INFORMAT	ION			
NEXT-OF-KIN CONTACT INFORMAT	ION Fire	st Name		
NEXT-OF-KIN CONTACT INFORMAT Last Name Address	TION Fire	st Name State	ZIP	
NEXT-OF-KIN CONTACT INFORMAT	TION Fire	st Name State	ZIP	
NEXT-OF-KIN CONTACT INFORMAT Last Name Address	TION Fire City Cell Phone ()	st Name State Email	ZIP Address	
NEXT-OF-KIN CONTACT INFORMAT Last Name Address Daytime Phone ()	TION Fire City Cell Phone ()	st Name State Email	ZIP Address	
NEXT-OF-KIN CONTACT INFORMAT Last Name Address Daytime Phone () Relationship to Veteran	TION Fire City Cell Phone ()	st Name State Email	ZIP Address	
NEXT-OF-KIN CONTACT INFORMAT Last Name Address Daytime Phone () Relationship to Veteran FUNERAL HOME INFORMATION	TION Fire City Cell Phone ()_	st NameStateEmail Contact	ZIP Address	
NEXT-OF-KIN CONTACT INFORMAT Last Name Address Daytime Phone () Relationship to Veteran FUNERAL HOME INFORMATION Name	CityCity	St NameStateEmail Contact	ZIP Address	
NEXT-OF-KIN CONTACT INFORMAT Last Name Address Daytime Phone () Relationship to Veteran FUNERAL HOME INFORMATION Name Address	CityCity	St NameStateEmail ContactState Email Addressstate of Washington that	ZIP Address	
NEXT-OF-KIN CONTACT INFORMAT Last Name Address Daytime Phone () Relationship to Veteran FUNERAL HOME INFORMATION Name Address Phone () Fax (Certification: I certify under penalty of perjute in the penalty of perjute in the perjute in the penalty of penalty of perjute in the penalty of penalty o	City City ury under the laws of the decedent has never conever been convicted of a	State State Email Contact State State State of Washington that if its is true and correct. mmitted a serious crime,	ZIP Address ZIP the foregoing informations as murder or o	ation provided for th

Interment Application Instructions

Veteran Burial Benefits

Eligibility for interment in the Washington State Veterans Cemetery mirrors National Veterans Cemetery eligibility requirements.

There is no requirement to be a resident of the state of Washington.

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 interment.

Casket interments are provided a ground plot, concrete liner, and an upright granite marker.

Cremation interment options are as follows:

- A niche in the columbarium wall which includes an inscribed, granite niche cover;
- A ground plot which includes an inscribed upright granite marker;
- A scattering garden where the family may scatter the remains which includes an inscribed flat granite marker.



To determine eligibility a copy of Form DD-214 or equivalent military discharge issued is required. If the decedent is the Spouse or a Dependent Child, a Marriage License/Certificate or proof of dependency must also be submitted in addition to the Veteran's Form DD-214. A copy of the Death Certificate is also required, when it is issued.

Scheduling the Interment

Upon receipt of the completed Interment Application and required supporting documentation, a staff member will contact the family or funeral home as indicated. Services are held Monday through Friday between the hours of 9:00 AM and 3:00 PM. The Cemetery does not have a chapel. All interment services will be held in the Committal Shelter. The Committal Shelter has been designed to provide a place of respectful honor and peace. It provides seating for the immediate family as well as protection from inclement weather. Because of safety concerns, graveside services are not available.

Military Funeral Honors

Military Funeral Honors are coordinated by the Cemetery. Honors include the playing of Taps, folding of the flag and its presentation to the Next-of-Kin. An Honor Guard detail of at least two members of the military is provided for the interment service of the eligible veteran.

Headstone/Marker Ordering

Interment type determines whether an upright marker or niche cover will honor the decedent's resting place. Inscription length and capacity varies for each marker type and are subject to Veterans Administration regulations. The Cemetery Office will work with the legal first in line next of kin or designee to discuss details of the inscription.

Contacting the Cemetery Office

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