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| Wis. Stats. Chapter 45 | | | | | | | | | | | | | | | **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  I  II  III  IV  Jr.  Sr. | | | | | | | | | | | First | | | | | | | | | Middle Name | | |
| **Present Street Address:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | County | | | | | | | | | State | | | | | | | | | Zip | | |
| **Home Phone:** | | |  | | | | | | | | | | | | | | Work Phone: | | |  | | | | | | | | | | | | |
| Date of Birth (mm/dd/yyyy) | | | | | | | | Social Security Number | | | | | | Gender  Male  Female | | | | | | | | | Marital Status  Single  Married  Divorced  Widowed  Legally Separated | | | | | | | | | |
| 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  I  II  III  IV  Jr.  Sr. | | | | | | | | | | | First | | | | | | | | | Middle Name | | |
| Check if you are a veteran or current military member | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth (mm/dd/yyyy) | | | | | | | | Social Security Number | | | | | | Gender  Male  Female | | | | | | | | | Marital Status  Single  Married  Divorced  Widowed  Legally Separated | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
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