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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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