

KENTUCKY VETERANS CEMETERIES ELIGIBILITY APPLICATION

Please Print Legibly Or Type

STEP 1: VETERAN'S INFORMATION (Please Complete Even If The Veteran Is Deceased)					
1. Veteran's Last Name:	First:	Middle:	Suffix (Jr., Sr.):	2. Date of Birth / /	3. Social Security #: - -
4. Branch of Service: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Reserves Only				5. Service # (if known):	6. Rank:
7. Date of Entry: / /	8. Date of Separation: / /	9. Character of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Other: _____			
<i>PLEASE INCLUDE ANY ADDITIONAL PERIODS OF SERVICE ON A SEPARATE SHEET OF PAPER</i>					

STEP 2 (Complete Only If Spouse Will Be Buried With The Veteran): SPOUSE'S INFORMATION					
10. Spouse's Last Name:	First:	Middle:	Suffix (Jr., Sr.):	11. Date of Birth / /	12. Social Security #: - -
13. Is the spouse a veteran also? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>IF YES, A SEPARATE APPLICATION & DD FORM 214 OR DISCHARGE IS REQUIRED TO RESERVE ADJACENT PLOT</i>					

STEP 3: OTHER ELIGIBLE DEPENDENTS' INFORMATION	
<ul style="list-style-type: none"> No documentation is required if your child is under 21 Proof of college enrollment is required if child is under 23 If dependent child is over 23 and permanently handicapped, documentation is required for eligibility- please contact cemetery staff for documentation requirements. 	

STEP 4: PLEASE PROVIDE CURRENT CONTACT INFORMATION			
14. Mailing Address:	15. City:	16. State:	17. Zip Code:
18. Home Phone:	19. Work Phone:		

STEP 5: PLEASE SELECT THE CEMETERY OF YOUR CHOICE		
20. PLEASE PLACE A CHECKMARK IN ONE OF THE BOXES BELOW AND MAIL THIS FORM ALONG WITH A COPY OF YOUR MOST RECENT DD FORM 214 OR DISCHARGE FORM (DO NOT SEND ORIGINAL) TO THE ADDRESS BELOW THAT CORRESPONDS TO THE CEMETERY OF YOUR CHOICE		
<input type="checkbox"/> Kentucky Veterans Cemetery West, Hopkinsville (Near Ft. Campbell) Kentucky Veterans Cemetery West Application Review 5817 Fort Campbell Boulevard Hopkinsville, Kentucky 42240 (270) 889-6106	<input type="checkbox"/> Kentucky Veterans Cemetery Central, Radcliff (Near Ft. Knox) Kentucky Veterans Cemetery Central Application Review 2501 N. Dixie Boulevard Radcliff, Kentucky 40160 (270) 351-5115	<input type="checkbox"/> Kentucky Veterans Cemetery North, Williamstown Kentucky Veterans Cemetery North Application Review C/O Kentucky Veterans Cemetery Central 2501 N. Dixie Boulevard Radcliff, Kentucky 40160 (270) 351-5115
21. I declare under penalty of law that the information contained herein is true and correct. Signature of veteran or authorized representative: _____ Date: _____		

- Forms are available to compose your own headstone inscription. Contact cemetery staff for details.
- See reverse side for information about the Kentucky Veterans Program Trust Fund.

--THIS SECTION TO BE COMPLETED BY CEMETERY PERSONNEL-- Approved Pending Disapproved

Name: _____ Date: _____