

NATIONAL CEMETERY ADMINISTRATION - INTERMENT APPLICATION WORKSHEET
National Cemetery Scheduling Office – Tel: (800) 535-1117 Fax: (866) 900-6417

Decedent Information			
Cemetery: Select		<input type="checkbox"/> First <input type="checkbox"/> Subsequent <input type="checkbox"/> Memorial	
Decedent First Name:	Decedent Middle Name:	Decedent Last Name:	Suffix:
SSN:	Date of Death (mm/dd/yyyy):	Date of Birth (mm/dd/yyyy):	
Gender: Select	Relationship to Veteran: Select		
Previous Decedent Information			
First Name:	Middle Name:	Last Name:	Suffix:
Date of Birth (mm/dd/yyyy):	Date of Death:	Section & Grave Number:	
Funeral Home Information			
Funeral Home ID or Name: American Heritage Cremation Society		Contact:	Callback Number: 800.756.2311
Street Address: 4611 CR 200 B P. O. Box 182		City, State, Zip Code: Hernando, FL 34441	
Next of Kin Information			
First Name:	Middle Name:	Last Name:	Suffix:
Relationship: Select	SSN (Required if Surviving Spouse):	Telephone:	
Street Address:		City, State, Zip Code:	
Is surviving spouse a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is an AGS desired? (Adjacent Grave Set Aside) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interment Information			
Burial Type: <input type="checkbox"/> Casket <input type="checkbox"/> Cremains <input type="checkbox"/> Memorial Service Only		Liner Type: <input type="checkbox"/> Government Liner <input type="checkbox"/> Private Vault <input type="checkbox"/> Other	
Casket/Urn Size: <input type="checkbox"/> Standard <input type="checkbox"/> Oversize <input type="checkbox"/> Infant <input type="checkbox"/> Other		Casket/Urn Dimensions (if oversize) or Vault Company and Model of Vault	
Adult Dependent Children? (first, middle, last, dob, ssn): Yes No			
Military Honors: Select	Capital Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Family Attending Service <input type="checkbox"/> Direct Int. <input type="checkbox"/> Family to Witness
Emblem of Belief: Select	Zip Code (Residence at time of death):	County & State:	
Veteran Information (Required if no discharge documents are provided)			
Veteran First Name:	Veteran Middle Name:	Veteran Last Name:	Suffix:
Service Number:	SSN:	Claim Number:	
Discharge Type:	Branch of Service: Select	Highest Rank Held:	
Date Entered Active Duty (mm/dd/yyyy):		Date Released from Active Duty (mm/dd/yyyy):	
Veteran's Date and Place of Birth (mm/dd/yyyy - City & State):		Veteran's Race (Required if no discharge presented):	
Remarks (Anything pertinent to case or supplemental to above information should be put here)			