

DONEL C. KINNARD MEMORIAL STATE VETERANS CEMETERY PRE-ELIGIBILITY APPLICATION

Please Print Legibly Or Type

Can be faxed to DCKMSVC @ (304)746-0146

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:			Guard or		5. Service # (if known):	6. Rank:
<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						
7. Date of Entry:	8. Date of separation:	9. Character of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Under Honorable Conditions				
/ /	/ /	<input type="checkbox"/> General <input type="checkbox"/> Other: _____				
<i>PLEASE INCLUDE ANY ADDITIONAL PERIODS OF SERVICE ON A SEPARATE SHEET OF PAPER AND PROVIDE COPIES OF EACH SEPARATE DD214 OR DISCHARGE</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 #:
					/ /	- -
13a. A copy of the marriage certificate must be provided interring a spouse. Certificate included: <input type="checkbox"/> Yes <input type="checkbox"/> No						
13b. Is the spouse a veteran also? <input type="checkbox"/> Yes <input type="checkbox"/> No						
IF YES, A SEPARATE APPLICATION & DD FORM 214 OR DISCHARGE IS REQUIRED <input type="checkbox"/> Completed						
13c. If yes, do you wish to be in the same plot or adjacent plots? <input type="checkbox"/> Single Plot <input type="checkbox"/> Separate Plot						
IF BOTH ARE IN A SINGLE PLOT, A PLOT WAIVER IS REQUIRED <input type="checkbox"/> Completed						

STEP 3: OTHER ELIGIBLE DEPENDENTS' INFORMATION					
<ul style="list-style-type: none"> • Birth Certificate and Dependent Eligibility Form is required if your child is under 21. <input type="checkbox"/> • Birth Certificate, Dependent Eligibility Form and Proof of College Enrollment is required if child is under 23. <input type="checkbox"/> • If dependent child is over 23 and permanently handicapped, additional documentation is required for eligibility. <input type="checkbox"/> Please contact cemetery staff for additional 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: MAIL INFORMATION					
21. MAIL, E-MAIL, FAX OR BRING THIS FORM ALONG WITH A COPY OF YOUR MOST RECENT DD FORM 214 OR DISCHARGE FORM (DO NOT SEND ORIGINAL) TO THE ADDRESS BELOW. Donel C. Kinnard Memorial State Veterans Cemetery 130 Academy Drive Dunbar, WV 25064					

22. 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. (304)746-0026

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

Name: _____ Date: _____