



ARKANSAS STATE VETERANS CEMETERY

3600 Hwy 163 Cherry Valley, Arkansas 72324
 Phone: (870) 588-4608 Fax:(870) 588-4666
 www.veterans.arkansas.gov

ADVA DATE RECEIVED STAMP
 (DO NOT WRITE IN THIS SPACE)

VETERAN'S PERSONAL INFORMATION (TYPE OR PRINT)

LAST	FIRST	MIDDLE	SUFFIX (Jr., Sr.)
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DID THE VETERAN SERVE UNDER ANOTHER NAME? NO YES IF YES, LIST OTHER NAME

ADDRESS (NUMBER, STREET, ROUTE, BOX, APT)	CITY	STATE	ZIP
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PHONE (HOME)	PHONE (OTHER)	DATE OF BIRTH mm/dd/yyyy / /	PLACE OF BIRTH	SOCIAL SECURITY NUMBER - -
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MARITAL STATUS: MARRIED DIVORCED SEPARATED WIDOWED NEVER MARRIED

VETERAN'S MILITARY SERVICE INFORMATION

BRANCH OF SERVICE (CHECK ALL THAT APPLY)

ARMY NAVY AIR FORCE ARMY AIR FORCES MARINE CORPS COAST GUARD MERCHANT MARINE OTHER (Specify) _____

SERVICE NUMBER	HIGHEST RANK	TYPE OF DISCHARGE	<u>FIRST PERIOD OF SERVICE</u> (mm/dd/yyyy)	
PERIOD(S) OF SERVICE: WWII <input type="checkbox"/> KOREA <input type="checkbox"/> VIETNAM <input type="checkbox"/>			DATE OF ENTRY / /	DATE OF SEPARATION / /
PERSIAN GULF <input type="checkbox"/> IRAQ <input type="checkbox"/> AFGHANISTAN <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> _____			<u>SECOND PERIOD OF SERVICE</u> (mm/dd/yyyy)	
NATIONAL GUARD / RESERVES (20 years qualifying service/retired) <input type="checkbox"/>			DATE OF ENTRY / /	DATE OF SEPARATION / /

SPOUSE'S OR QUALIFYING DEPENDENT'S PERSONAL INFORMATION

LAST	FIRST	MIDDLE	SUFFIX (Jr., Sr.)
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DATE OF BIRTH mm/dd/yyyy / /	SOCIAL SECURITY NUMBER - -	CHECK IF ALSO A VETERAN <input type="checkbox"/>
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NEXT OF KIN (IF NOT SPOUSE)

LAST	FIRST	MIDDLE	SUFFIX (Jr., Sr.)
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ADDRESS (NUMBER, STREET, ROUTE, BOX, APT)	CITY	STATE	ZIP
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PHONE (HOME)	PHONE (OTHER)	RELATIONSHIP TO VETERAN
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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 veteran/spouse or next of kin: _____
 Relationship to veteran: _____

 TODAYS DATE