Authorized Licensed Provider of



9120 S Toledo Avenue | Suite 100 | Tulsa, OK 74137| (918) 499-8787 2103 E 3rd Street | Suite 101| Tulsa, OK 74104 | (918) 599-7337





4/2020

8144

Oklahoma National Cemetery Pre-Registration Form

Veteran's Full Name		Last Military Rank Held
Legal Address [Street A	ddress]	City
	State ZIP	
Date Entered Service		Date Separated
Branch of Service		Service Number
Veteran's Date of Birth_		Social Security Number
Type of Discharge		War of Service □ WWI □ WWII □ Korea
Does the Spouse wisl	n to be buried with the Veteran?	☐ No ☐ Vietnam ☐ Persian Gulf ☐ None
Spouse's Full Name		Social Security Number
Date of Birth		
If the Spouse is also	a Veteran, please complete the following	:
Veteran's Full Name		Last Military Rank Held
Legal Address [Street A	ddress]	City
County	State ZIP	Sex 🖵 M 🖵 F
Date Entered Service		Date Separated
Branch of Service		Service Number
Veteran's Date of Birth		Social Security Number
Type of Discharge		War of Service
1. Discharge, Separati	EGIBLE COPY OF THE FOLLOWING: on Papers (I.E.: DD-214, Form 53-55, NGB (for burial with spouse)	☐ Vietnam ☐ Persian Gulf ☐ None Form 22)
MAIL TO:	Cremation Society™ of Oklahoma Attention: Veterans Registration Desk 9120 S Toledo Ave, Suite 100 Tulsa, OK 74104-1842 FAX: (918) 488-9944	
requested. This applic		ange as necessary. More specific information may be niche. However, a gravesite or niche shall be assigned l.
Signature of Veteran		Date
Signature of Spouse or Next of Kin Relationship if not		ot Spouse Telephone Number
TO BE COMPLETE	D BY VETERANS CEMETERY OFFICE:	(do not write below this line)

☐ Approved ☐ Pending ☐ Not Approved ☐ Proof of Residency