Obituary Format

	(name), _ _	_(age)of	(city)
	(passed aw	ay, went ho	ome to be with the
Lord, etc.) on			
Personal Information (Ed	ducation, Hobb	ies, Clubs,	Work, Church, etc.)
Preceded in Death by:			
Survived by:			
Service will be	(Day)		(Time)
Visitation will be	(Da	y)	(Times)
Name of Cemetery			
In lieu of flowers donation			
- 0.33			

AT NEED BIOGRAPHICAL RECORD

Date of Death:	Deced	ent known as(inclu	le nickname):		
Full Given Name:					
	First	Middle	I	Last	
Residence:	· · · · · · · · · · · · · · · · · · ·				
Ī	Number/Street				
City	State	Zip	Cou	nty	
Phone:		Is residence ins	ide city limits:	Yes / No _	
Age: Da	ute of Birth:	Place of Birth:_		4/4	
Social Security Nu	mber:		Sex:	Race:	
Place of Death:					
	cility Name OR Number/Street			Zip	County
Marital Status:	Surviving Spe	ouse:			
(married/widowed/divorced		(if applicable inclu			0
Was decedent ever	in the US armed forces?:	Do yo	ou have the DD2	214(discharge paper)?:
Education - grade	completed in secondary se	chool:	college.		
Occupation:		Emplove	r:		
Father's name:					
Mother's name (in	clude maiden):				
Informant Name:			Relation:		
Informant Address					
injormani Adaress	Number/Street	and the second s	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
			and the second s	2.00	
City	State	Zip	Cou	nty	
Phone:	Cell:	e-mail:			
Method of Disposi	CARROLL SECTION AND ADDRESS OF THE SECTION		Disposition:		
	(burial/entombment/cr	emation)		(cemetery n	ame)
Location of Cemet	ery:				
Dr. to sign Death	Certificate:		Phone:	# of DC's	needed:

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	e: First:	Middle:	Suffix (Jr./ Sr.)	2. Date of Birth	3. Soc	cial Security #:		
			- Charles	1 1				
4. Branch of Service:		C	Guard or	5. Service # (if kr	nown):	6. Rank:		
🗆 Army 🖵 Navy 🗀 Ma	☐ Army ☐ Navy ☐ Marines ☐ Air Force ☐ Coast Guard ☐ Reserves Only							
7. Date of Entry:	8. Date of separation:	9. Character			der Honor	rable Conditions		
1 1	1 1			☐ General ☐ Other:_				
PLEASE INCLUDE ANY ADDITIONAL PERIODS OF SERVICE ON A SEPARATE SHEET OF PAPER AND PROVIDE COPIES OF EACH SEPARATE DD214 OR DISCHARGE								
STEP 2 (Compl	ete only if spouse w	vill be burie	d with the V	eteran): SPOUSE	'S INFO	RMATION		
10.Spouse's Last Nam	e: First:	Middle:	Suffix (Jr./Sr.):	11. Date of Birth	12. Soc	cial Security #:		
13a. A copy of the marriage certificate must be provided interring a spouse. Certificate included: ☐ Yes ☐ No 13b. Is the spouse a veteran also? ☐ Yes ☐ No IF YES, A SEPARATE APPLICATION & DD FORM 214 OR DISCHARGE IS REQUIRED ☐ Completed 13c. If yes, do you wish to be in the same plot or adjacent plots? ☐ Single Plot ☐ Separate Plot IF BOTH ARE IN A SINGLE PLOT, A PLOT WAIVER IS REQUIRED ☐ Completed								
STEP 3: OTHER ELIGIBLE DEPENDENTS' INFORMATION								
 Birth Certificate and Dependent Eligibility Form is required if your child is under 21. □ Birth Certificate, Dependent Eligibility Form and Proof of College Enrollment is required if child is under 23. □ If dependent child is over 23 and permanently handicapped, additional documentation is required for eligibility. □ 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:					
	ST	EP 5: MAIL	INFORMATI	ON				
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 of authorized representa								
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:								