Willamette National Cemetery – Monument Inscription Request

11800 SE Mt. Scott Blvd.

Portland, OR 97086

Tel: 503-273-5250 - Fax: 503-273-5251

> This monument form must be submitted to Willamette National Cemetery by the date of interment. If a monument form is not received, a standard monument, without religious emblem or added inscription, will be ordered.

Ground Burials (of caskets and cremations)

Name to be inscribed: Nicknames and titles are not authorized; diminutives are acceptable (i.e., Joe for Joseph, etc.)

Maximum length for all in ground burials is 22 characters (including spaces): Date of Birth: Date of Death: Religious Emblem: (Select from authorized emblems of belief listed on Highest Rank: _____ Service Branch:_ back of inscription request form) (usually taken from discharge document) Emblem #_____ or **■ WWII ■ Korea ■ Vietnam ■ Persian Gulf ■ None** War Period(s) Requested (optional): Added Inscription (Optional, at no charge) Maximum length for all in ground burials is 22 characters (including spaces): Inscribed at bottom of marker **Columbaria** (above ground cremations) Name to be inscribed: Nicknames and titles are not authorized; diminutives are acceptable (i.e., Joe for Joseph, etc.) Maximum length for all in ground burials is 13 characters per line (including spaces) Last name: First, Middle, Suffix: Year of Birth: Year of Death: (Granite cremation niche covers are limited to year of birth and year of death only) Religious Emblem: (Select from authorized emblems of belief listed on

Maximum length for Columbaria niches is 2 lines of no more than 13 characters per line, to include spaces. Inscribed at bottom of niche cover. Where more than one occupy the niche, these lines customarily refer to both.

Added Inscription (Optional, at no charge)

For Memorial Markers:

PLEASE CONTACT THE CEMETERY DIRECTLY FOR INFORMATION ON MEMORIAL MARKERS. THIS FORM IS NO LONGER SUFFICIENT ALONE FOR THIS PURPOSE

back of inscription request form)

Emblem #_____ or \square None

War Period(s) Requested (optional):

Signature of Next of Kin or authorized representative:	Relationship:	Date:

____ Service Branch:_

(usually taken from discharge document)

■ WWII ■ Korea ■ Vietnam ■ Persian Gulf ■ None