

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: <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				Guard or		5. Service # (if known):	6. Rank:
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	
<p>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.</p> <p style="text-align: center;">Donel C. Kinnard Memorial State Veterans Cemetery 130 Academy Drive Dunbar, WV 25064</p>	

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: _____