

GLOUCESTER COUNTY VETERANS MEMORIAL CEMETERY
REGISTRATION

VETERAN'S NAME: Last First Middle Date of Birth

ADDRESS: Street City State/Zip Phone

LENGTH OF RESIDENCY IN GLOUCESTER COUNTY: FROM: _____ TO: _____

MARITAL STATUS: ACTIVE DUTY DATES: SS. NO. _____
Married _____ Divorced _____ Entered _____ SERVICE NO. _____
Single _____ Separated _____ Released _____ VA CLAIM NO. _____
Widowed _____ PERCENT: _____

PERIOD OF SERVICE MILITARY STATUS HIGHEST RANK/GRADE/RATING
WWII _____ PERSIAN GULF _____ ACTIVE DUTY: _____ BRANCH _____
KOREA _____ IRAQ _____ RETIRED: _____ TYPE OF DISCHARGE _____
VIETNAM _____ OTHER _____ VETERAN: _____ DATE OF DISCHARGE: _____

NEXT OF KIN INFORMATION

SPOUSE'S NAME: HUSBAND/WIFE _____ DATE OF BIRTH: _____

ADDRESS: SOCIAL SECURITY NO. _____

IS SPOUSE A VETERAN: _____ (YES/NO) IF YES, DOES SPOUSE WISH TO BE BURIED SEPARATE: _____ (Y/N)

IF SPOUSE ANSWERED YES TO ABOVE, COMPLETE A SEPARATE REGISTRATION FORM:

IF NO, PLEASE READ AND SIGN BELOW:

SPOUSE: AT THE TIME OF MY DEATH, I WISH TO BE BURIED IN THE CEMETERY NEXT TO MY SPOUSE.

DATE: _____
Signature of Spouse

MINOR CHILDREN/DEPENDENT CHILDREN INFORMATION: (If more space required attach rider.)

NAME: _____ DATE OF BIRTH: _____ GENDER: _____ (M/F)
S.S.# _____

GLOUCESTER COUNTY VETERANS MEMORIAL CEMETERY BURIAL REGULATION

When the spouse and/or dependent of a Veteran predeceases the Veteran, interment at the Gloucester County Veterans Memorial Cemetery is permitted with the stipulation that upon the death of the Veteran, he/she agrees to be interred with the predeceased spouse and/or dependent.

Failure to comply with this Regulation will result in the disinterment of the Veteran's spouse and/or dependent, at the cost of the next of kin.

I have read the above regulation and the Gloucester County Veterans Memorial Cemetery Operations Manual. I understand the Manual and the regulation and will comply with their terms and provisions. I hereby certify that the information provided by me in this application is true. I am aware that if any of the statements made by me in this application is willfully false, I am subject to punishment. I am aware that New Jersey law makes giving a false statement under oath or equivalent a criminal offense.

DATED: _____
VETERAN – NEXT OF KIN SIGNATURE