

GLOUCESTER COUNTY VETERANS MEMORIAL CEMETERY REGISTRATION

VETERAN'S NAME _____ DATE OF BIRTH _____
LAST FIRST MIDDLE

ADDRESS _____ PHONE _____
STREET CITY STATE ZIP

LENGTH OF RESIDENCY IN GLOUCESTER COUNTY _____
FROM UNTIL

MARITAL STATUS Married _____ Divorced _____
Separated _____ Widowed _____
Single _____

ACTIVE DUTY DATES Entered _____ Released _____

SS# _____ Service # _____

PERIOD OF SERVICE WWII _____ KOREA _____ VIETNAM _____
PERSIAN GULF _____ IRAQ _____
AFGHANISTAN _____ OTHER _____

MILITARY STATUS ACTIVE DUTY _____
RETIRED _____
VETERAN _____

HIGHEST RANK/GRADE/RATING BRANCH _____
TYPE OF DISCHARGE _____
DATE OF DISCHARGE _____

SPOUSE _____ HUSBAND/WIFE _____ DATE OF BIRTH _____
ADDRESS _____ SS# _____

If different from veterans
IS SPOUSE A VETERAN _____ (YES/NO) if yes, does spouse wish to be buried separate _____ (YES/NO)
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)
SS# _____

NAME _____ DATE OF BIRTH _____ GENDER _____ (M/F)
SS# _____

IF NO SPOUSE PLEASE ENTER NEXT OF KIN INFORMATION

NAME _____ PHONE # _____ RELATIONSHIP _____
ADDRESS _____

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.

Date _____ VETERAN SIGNATURE _____