



Eligibility Determination Request Nebraska Veterans Cemetery at Alliance

The Eligibility Determination Request is provided to help you and your family with the difficult decisions associated with choosing a final resting place.

Family situations and individual wishes change over time; submission of this request does not obligate the veteran or family to have interment services at the Nebraska Veterans Cemetery at Alliance.

Once your request and eligibility documents have been reviewed, you will receive a notice by mail, informing you of your current eligibility status for interments at Nebraska Veterans Cemetery at Alliance.

Eligibility for interment at Nebraska Veterans Cemetery at Alliance is based on laws passed by the United States Congress and may change over time.

A cemetery representative will gladly provide assistance with questions you have about this form, eligibility, or cemetery services.

Please submit the following with this form:

- *Veteran's discharge papers/DD-214 (if not in NDVA Veterans' Registry)*
- *Marriage license for spouse (if not in NDVA Veterans' Registry)*
- *Physician's diagnosis for adult dependent child (if not verified in NDVA Veterans' Registry)*

Thank you, for your family's service to our country!



Eligibility Determination Request

Nebraska Veterans Cemetery at Alliance
2610 County Road 57
Alliance NE 69301

Phone: (308) 763-2958
Toll Free: 877-420-7990
Fax: (308) 763-2963
Email: james.goodwin@nebraska.gov

Eligibility for interment is based on laws passed by Congress and incorporated into the United States Code at Title 38, Veterans' Benefits (Sections 112, 2306, 2402, & 2411)

Veteran's Information

Name: _____
 First Middle Last Suffix

Date of Birth: _____ Male Female

_____ Street Address City State Zip Code

Phone#: _____ Alternate Phone#: _____

Email: _____

Last Branch of Service:

Army Navy Air Force Marines Coast Guard Space Force

Other _____

Current Military Status: Active Duty Retired Reserve Veteran

Last Date Entered Service: _____ Last Date Exited Service: _____

SS#: _____ Service#: _____ VA Claim#: _____

Rank at _____ War or Hostile _____
Last Discharge: _____ Action Period Served In: _____

Veteran's Marital Status at Time of Application:

Married Separated Divorced Widowed Never Married Surviving Spouse

Has the applicant ever been charged or convicted of a capital crime and sentenced to life imprisonment or death? Yes No

If Married,
Name of Spouse: _____
 First Middle Last Suffix

Veteran's Signature

Date