



Eligibility Determination Request Nebraska Veterans Cemetery at Grand Island

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 Grand Island.

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 Grand Island.

Eligibility for interment at Nebraska Veterans Cemetery at Grand Island 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 Grand Island
3270 W Capital Ave
Grand Island, NE 68803

Phone: (308) 661-1987
Fax: (308) 661-1988
Email: randolph.lonowski@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