



## **Request for Interment Nebraska Veterans Cemetery at Grand Island**

The Request for Interment form and the documents you provide will be used to confirm the interment eligibility status for the decedent.

Submission of this request **does not** obligate the veteran or family to have interment services at Nebraska Veterans Cemetery at Grand Island.

After receiving this form and the related eligibility documentation, cemetery staff will confirm the interment eligibility status within 48 hours. The interment will be scheduled within 72 hours unless the decedent's next-of-kin makes a request for services to be delayed beyond that time period.

Please make an appointment with a Veterans Cemetery Representative to discuss the type of interment and committal service you want for your loved one. All services and activities at the veterans cemetery are coordinated with the next-of-kin and do not happen automatically.

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)*

*This Page Intentionally Left Blank*



## Request for Interment

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)*

### Section 1 – Decedent Information

Name: \_\_\_\_\_  
First Middle Last Suffix

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

If the decedent is not the veteran,  
☐ Male ☐ Female please state relationship to veteran: \_\_\_\_\_

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

### Section 2 – Funeral Home Point of Contact Information

*(If the funeral home is NOT the point of contact, please proceed to Section 3)*

Name of Funeral Home: \_\_\_\_\_

Street Address City State Zip Code

Funeral Home Phone#: \_\_\_\_\_ Funeral Home ID #: \_\_\_\_\_

Funeral Home Point of Contact Name: \_\_\_\_\_ Point of Contact's Phone#: \_\_\_\_\_

Point of Contact's Email: \_\_\_\_\_

### Section 3 – NON-Funeral Home Point of Contact Information (Family Representative Coordinating Services)

Point of Contact's Name: \_\_\_\_\_  
First Middle Last Suffix

Street Address City State Zip Code

Phone#: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

#### Section 4 – Next-of-Kin Information

Next-of-Kin's Name: \_\_\_\_\_  
First Middle Last Suffix

\_\_\_\_\_  
Street Address City State Zip Code

SS#: \_\_\_\_\_ Relationship to Veteran: \_\_\_\_\_

Phone#: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

#### Section 5 – Veteran Information

Veteran's Name: \_\_\_\_\_  
First Middle Last Suffix

*(If the Veteran's military name is different than the current legal name, please list alias name.)*

Alias Name: \_\_\_\_\_  
First Middle Last Suffix

Last Branch of Service:

- ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐ Space Force
- ☐ Other \_\_\_\_\_

Military Status at

Time of Decedent's Death: ☐ Active Duty ☐ Retired ☐ Reserve ☐ Veteran

Last Date Entered Service: \_\_\_\_\_ Last Date Exited Service: \_\_\_\_\_

Rank at \_\_\_\_\_ VA  
Last Discharge: \_\_\_\_\_ Service#: \_\_\_\_\_ Claim#: \_\_\_\_\_

War or Hostile

Action Period Served In: \_\_\_\_\_

Veteran's Marital Status at Time of Decedent's Death:

- ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Surviving Spouse

#### Name & Signature of Person Completing this Form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name