



Request for Interment Nebraska Veterans Cemetery at Alliance

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 Alliance.

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 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*
- *Marriage license if spouse of the veteran is the decedent*

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 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 Never Married Surviving Spouse

Name & Signature of Person Completing this Form

Signature Date

Printed Name