



Request for Interment

Nebraska Veterans Cemetery at Alliance
PO Box 718
2610 CR 57
Alliance NE 69301

Phone: (308) 763-2958
Toll Free: 877-420-7990
Fax: (308) 763-2963
email: allen.pannell@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 ☐ 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
