

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



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: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)

Section 1 - Decedent Information Name: __ Middle Last 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** Funeral Home Phone#: _____ Home ID #: _____ **Funeral Home** Point of Point of Contact Name: _____ Contact's Phone#: _____ Contact's Email: Section 3 – NON-Funeral Home Point of Contact Information (Family Representative Coordinating Services) Point of Contact's Name: _ Middle Suffix Last State Street Address City Zip Code Phone#: _____ Alternate Phone#: _____ Email:

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Section 4 - Next-of-Kin Information

| Next-of-Kin's Name: | | | | |
|---|--------------------------|--------------------------|--------------------------------|----------------------|
| | First | Middle | Last | Suffix |
| Street Address | | City | State | Zip Code |
| S#: | Relationship to Veteran: | | | |
| Phone#: | Alternate Phone#: | | | |
| mail: | | | | |
| ection 5 – Veteran | Information | 1 | | |
| eteran's Name: | | | | |
| | First | Middle | Last | Suffix |
| If the Veteran's military | name is differ | ent than the current leg | al name, please list alias nam | e.) |
| llias Name: | | | | |
| F | irst | Middle | Last | Suffix |
| ast Branch of Service | : | | | |
| ☐ Army ☐ Navy | ☐ Air Force | □ Marines □ Coas | t Guard 🔲 Other | |
| Military Status at | _ | | | |
| • | eath: | Active Duty 🔲 R | etired | ☐ Veteran |
| ast Date Entered Ser | vice: | Last D | ate Exited Service: | |
| Rank at | | | VA | |
| ast Discharge: | | Service#: | Claim#: | |
| War or Hostile | ln: | | | |
| | | | | |
| /eteran's Marital Stat at Time of Decedent's | | Married Separated | ☐ Divorced ☐ Never Ma | nrried Surviving Spo |
| Nama & Cianatura of | Dawaan Canan | latina thia Farm | | |
| Name & Signature of | Person Comp | neting this Form | | |
| | | | | |
| | | | | |
| | | | | |
| Signature | | | Date | |
| 3.0 | | | 246 | |
| | | | | |
| | | | | |
| Printed Name | | | | |

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