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 Intemement

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, 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: _____________________________  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
Last Discharge: ________________  Service#: ________________  Claim#: _________________  VA

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