



LOUISIANA VETERANS CEMETERIES INTERMENT APPLICATION

This form is to be completed in full. A signature from the Next of Kin is **NOT** required. Social Security number of veteran **IS** required.

Please email or fax this document to:

NWLVC (Keithville) – nlvc@la.gov or 318.925.5521

CLVC (Leesville) – clvc@la.gov or 337.238.6448

SLVC (Slidell) – slvc@la.gov or 985.646.6481

NELVC (Rayville) – nelvc@la.gov or 318.728.5921

SWLVC (Jennings) – swlvc@la.gov or 337.246.7096

Please provide Proof of Eligibility (DD Form 214), unless an approved, pre-determined “Advance Eligibility Application” is already on file at NWLVC, CLVC, SLVC, NELVC or SWLVC.

By submitting this form I accept and agree with all VA regulations for burial.

DECEDENT INFORMATION			
First Name:		Middle:	Last: Suffix: (Jr., Sr., III, etc.)
SS #:	Date of Death:	Date of Birth:	____ Male ____ Female ____ Veteran ____ Dependent
____ Never Married Married Divorced ____ Separated ____ Widowed		Branch of Service	Highest Rank
ZIP Code:	City:	Parish/County:	State:
Interment Type (choose one): State-Provided Grave Liner/Vault (Casketed) Columbarium Wall (Cremated) In-Ground (Cremated) Scatter Garden (Cremated)			
Will the casket or vault be oversized? ____ Yes ____ No		Is the decedent to be interred in the same gravesite as a previously interred spouse or eligible dependent? ____ Yes ____ No If yes, prior decedent's name:	
Oversize casket or vault dimensions: (L x W x D)		Will a spouse or eligible dependent be interred with decedent in future? ____ Yes (If Yes, please check: ____ Casketed or ____ Cremated) ____ No	
Type of religious emblem desired on marker: (see attached for pictures)			Is the Spouse a Veteran? Yes No If yes, include DD-214
Personalized marker inscription (see attached for character limits):			
Other Information:			
FUNERAL HOME INFORMATION (IF APPLICABLE)			
Funeral Home Name:		Phone:	
Cell Phone:	Fax:	Zip Code:	
Mailing Address:		City:	State:
Point of Contact:		Email:	
NEXT OF KIN INFORMATION (MUST BE CLOSEST LIVING RELATIVE)			
First Name:		Middle:	Last: Suffix: (Jr., Sr., III, etc.)
Relationship to decedent:		SS# (required for spouse only):	Phone:
E-mail:		Street Address:	City:
State:	ZIP Code:	Parish / County:	Date of Birth:
HONORS INFORMATION (VETERANS ONLY)			
Funeral Director <i>has arranged</i> for flag to be presented by this active branch of service (choose one): ____ Army ____ Navy ____ Air Force ____ Marine Corps ____ Coast Guard Space Force Family requests none			
Funeral Director <i>will arrange</i> for Military Honors – If Eligible (choose one): ____ Yes ____ Family requests none Honors held at funeral			

- **If decedent is not the veteran, a \$745 fee is required at time of need.**
- The Funeral Director is responsible for verifying marriage documents to insure the eligibility of spouses.
- Please insure that only 3 floral arrangements are delivered to the cemetery for the committal service.
- A Provisional Burial Transit Permit must accompany all casketed remains.