

Western Montana State Veterans Cemetery, 1911 Tower Street, Missoula, Montana 59804 | Phone: (406) 721-2995 | Fax: (406) 417-3287 | jeremy.millert@mt.gov

Montana State Veterans Cemetery, PO Box 76, Fort Harrison, Montana 59604 | Phone: (406) 324-4793 | Fax: (406) 417-3301 | ezra.wooten@mt.gov

Eastern Montana State Veterans Cemetery, PO Box 1741, Miles City, Montana 59301 | Phone: (406) 218-2945 | Fax: (406) 232-2019 | kurt.holmlund@mt.gov

This form must be received by the cemetery office before an interment can be scheduled

Signature: _____ Date: _____

Printed Name: _____

I certify to the best of my knowledge that all the information provided is correct and true.

AUTHORIZATION

Will Funeral Home be providing Vault : Yes No n/a

Phone () _____ Email: _____

City: _____ State: _____ Zip: _____

Address: _____

Name: _____ Funeral Director: _____

FUNERAL HOME INFORMATION

Relationship to Decedent: _____

Phone: () _____ Email: _____

City: _____ State: _____ Zip: _____

Address: _____

Last Name: _____ First Name: _____ Middle: _____

CONTACT / NEXT OF KIN INFORMATION

Date of Entry: _____ Date of Separation/Retirement: _____

Branch(es) of Service: _____ Highest Rank: _____

SERVICE RECORD (DD-214, NGB22, DD-1300 or equivalent document MUST be attached)

Do you have any permanently disabled unmarried adult children: Yes No n/a

If yes, what is the spouse's name: _____

If not, will spouse be interred in this cemetery: Yes No n/a

Is spouse already interred in this cemetery: Yes No n/a

Has decedent ever been convicted of a state, federal crime, or a sex offender? Yes No

State of Residence: _____ County of Residence: _____

Service Held @ : Shelter Graveside

Interment Type: Casket Cremation In-Ground Cremation Niche Wall IMO (In Memory Of)

Marital Status: Married Single/Widowed Divorced Common-Law-Marriage

SSN: _____ Date of Birth: _____ Date of Death: _____

Last Name: _____ First Name: _____ Middle: _____

Status : Retiree Veteran Active Duty/KIA Guard/Reserve Spouse Dependent

DECEDENT'S INFORMATION (Death Certificate or Working copy MUST be attached)

Preferred Time and Date of Service

MONTANA STATE VETERANS CEMETERY APPLICATION FOR INTERMENT REQUEST

