

Obituary Format

----- (name), ----- (age) of ----- (city)  
----- (passed away, went home to be with the  
Lord, etc.) on -----.

Personal Information (Education, Hobbies, Clubs, Work, Church, etc.)

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Preceded in Death by:

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-----  
-----

Survived by:

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-----  
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-----  
-----  
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Service will be ----- (Day) ----- (Time)

Visitation will be ----- (Day) ----- (Times)

Name of Cemetery -----

In lieu of flowers donations to: -----

Reception to follow at: -----



# DONEL C. KINNARD MEMORIAL STATE VETERANS CEMETERY PRE-ELIGIBILITY APPLICATION

Please Print Legibly Or Type

Can be faxed to DCKMSVC @ (304)746-0146

<b>STEP 1: VETERAN'S INFORMATION (Please complete even if the Veteran is deceased)</b>						
1. Veteran's Last Name:		First:	Middle:	Suffix (Jr./ Sr.):	2. Date of Birth	3. Social Security #:
					/ /	- -
4. Branch of Service:			Guard or		5. Service # (if known):	6. Rank:
<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Reserves Only						
7. Date of Entry:	8. Date of separation:	9. Character of Discharge: <input type="checkbox"/> Honorable <input type="checkbox"/> Under Honorable Conditions				
/ /	/ /	<input type="checkbox"/> General <input type="checkbox"/> Other: _____				
<i>PLEASE INCLUDE ANY ADDITIONAL PERIODS OF SERVICE ON A SEPARATE SHEET OF PAPER AND PROVIDE COPIES OF EACH SEPARATE DD214 OR DISCHARGE</i>						

<b>STEP 2 (Complete only if spouse will be buried with the Veteran): SPOUSE'S INFORMATION</b>						
10. Spouse's Last Name:		First:	Middle:	Suffix (Jr./Sr.):	11. Date of Birth	12. Social Security #:
					/ /	- -
13a. A copy of the marriage certificate must be provided interring a spouse. Certificate included: <input type="checkbox"/> Yes <input type="checkbox"/> No						
13b. Is the spouse a veteran also? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<i>IF YES, A SEPARATE APPLICATION &amp; DD FORM 214 OR DISCHARGE IS REQUIRED</i> <input type="checkbox"/> Completed						
13c. If yes, do you wish to be in the same plot or adjacent plots? <input type="checkbox"/> Single Plot <input type="checkbox"/> Separate Plot						
<i>IF BOTH ARE IN A SINGLE PLOT, A PLOT WAIVER IS REQUIRED</i> <input type="checkbox"/> Completed						

<b>STEP 3: OTHER ELIGIBLE DEPENDENTS' INFORMATION</b>	
<ul style="list-style-type: none"> <li>• Birth Certificate and Dependent Eligibility Form is required if your child is under 21. <input type="checkbox"/></li> <li>• Birth Certificate, Dependent Eligibility Form and Proof of College Enrollment is required if child is under 23. <input type="checkbox"/></li> <li>• If dependent child is over 23 and permanently handicapped, additional documentation is required for eligibility. <input type="checkbox"/></li> </ul> <p style="text-align: center;">Please contact cemetery staff for additional documentation requirements.</p>	

<b>STEP 4: PLEASE PROVIDE CURRENT CONTACT INFORMATION</b>				
14. Mailing Address:		15. City:	16. State:	17. Zip Code:
18. Home Phone:		19. Work Phone:		

<b>STEP 5: MAIL INFORMATION</b>	
<p>21. MAIL, E-MAIL, FAX OR BRING THIS FORM ALONG WITH A COPY OF YOUR <u>MOST RECENT DD FORM 214 OR DISCHARGE FORM (DO NOT SEND ORIGINAL) TO THE ADDRESS BELOW.</u></p> <p><b>Donel C. Kinnard Memorial State Veterans Cemetery</b>  <b>130 Academy Drive</b>  <b>Dunbar, WV 25064</b></p>	
22. I declare under penalty of law that the information contained herein is true and correct.	
Signature of veteran or authorized representative: _____	Date: _____

- Forms are available to compose your own headstone inscription. Contact cemetery staff for details. (304)746-0026

**--THIS SECTION TO BE COMPLETED BY CEMETERY PERSONNEL--**  Approved  Pending  Disapproved

Name: \_\_\_\_\_ Date: \_\_\_\_\_