



MINNESOTA
STATE VETERANS CEMETERY

PRE-REGISTRATION APPLICATION

Please include copies of the following support documents with your application (copies will not be returned):

1. Veteran's military discharge (**DD214 or equivalent**)
2. If married, a copy of your marriage certificate.

SECTION 1: VETERAN APPLICANT

NAME		SOCIAL SECURITY NO.	
ADDRESS			
CITY	STATE	ZIP CODE	
PHONE NO.	DATE OF BIRTH	GENDER	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	IF YOU ARE MARRIED, IS YOUR SPOUSE ALSO A VETERAN? <input type="checkbox"/> NO <input type="checkbox"/> YES: <i>If yes, your spouse must complete a separate application.</i>	

SECTION 2: MILITARY SERVICE INFORMATION

SERVICE NO.	HIGHEST RANK
BRANCH OF SERVICE	OTHER (Specify) _____
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD	
DATE(S) ENTERED	DATE(S) SEPARATED

SECTION 3: SPOUSE *(complete if currently married)*

NAME OF SPOUSE	SOCIAL SECURITY NO.
Do you anticipate that your spouse will be buried at this cemetery?	DATE OF BIRTH
YES <input type="checkbox"/> NO <input type="checkbox"/>	

SECTION 4: CEMETERY LOCATION *(please indicate your preferred cemetery location)*

LITTLE FALLS <input type="checkbox"/>	SEM N (Preston) <input type="checkbox"/>
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I certify that all information I have provided on the application and the supporting documentation is true and correct to the best of my knowledge. I also understand I am not obligated to be interred at any Minnesota State Veterans Cemetery, and that this application does not guarantee a gravesite will be available upon my death, or the death of my spouse.

SIGNATURE OF APPLICANT: _____ DATE: _____

Mail completed application and supporting documents to:
Minnesota State Veterans Cemetery
15550 Hwy 115
Little Falls, MN 56345
(320) 616-2527