10100 Horseshoe Bend Rd. Boise, ID 83714

Phone: (208) 780-1340 Fax: (208) 780-1341 Email: BoiseCemetery@veterans.idaho.gov

This form must be submitted to the cemetery office on the day of interment.

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See Instructions On Next Page

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| | | | ST | NAM | E (| or In | itia | I) | | | | | | DL | E NA. | ME | (or | Initi | al) | | | | | | LAST NAME | | | | |
| Bir | Date of Birth: 06/14/1930 Date of Death: | | | | | | | | | | | | | 0 | 04/01/2023 Emble | | | | | | | | | em #: (Optional; See next page) O1 | | | | | |
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| | ADDITIONAL INSCRIPTION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| H | | | | | | | | | | | | | | | | 100 A 400 A | alequisies of the second | | | | | de | | | Scatter Garden/ Memorial: | | | | |
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| Signature of Next of Kin or Authorized Representative: | Relationship: DAUGHTER | Date: 04/15/2023 |
|--|---------------------------|------------------|
|--|---------------------------|------------------|

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| EV | 20 | ררו |
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| FT | Z |)23 |

See Instructions On Next Page

| REQUIRED INFORMATION: Automatically formatted according to regulations & space available NAME OF DECEASED: JOE GREG SMITH FIRST NAME (or Initial) MIDDLE NAME (or Initial) LAST NAME Date of Death: 09/18/1940 Date of Death: 03/01/2023 Emblem #: (Optional; See next or None or N | et page) e | | | | | | | | | | | | | |
|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| JOE FIRST NAME (or Initial) Date of Birth: 09/18/1940 Date of Death: 03/01/2023 If Deceased was the Veteran: Veteran's Rank: A1C War Service: (Optional) World War II Korea Vietnam Persian Gulf GREG MIDDLE NAME (or Initial) LAST NAME Emblem #: (Optional; See nex 03/01/2023 Emblem #: (Optional; See nex Or None Veteran's Service Branch: AIR FORCE Valor Medals: (Optional & Proof Required) Legion of Merit Purple Heart Air Medal | e | | | | | | | | | | | | | |
| FIRST NAME (or Initial) Date of | e | | | | | | | | | | | | | |
| Date of Birth: 09/18/1940 Date of Death: 03/01/2023 Emblem #: (Optional; See next of None) If Deceased was the Veteran: Veteran's Rank: A1C Veteran's Service Branch: AIR FORCE War Service: (Optional) Valor Medals: (Optional & Proof Required) □ World War II □ Korea □ Vietnam □ Persian Gulf □ Legion of Merit □ Purple Heart ■ Air Medal | e | | | | | | | | | | | | | |
| Birth: | e | | | | | | | | | | | | | |
| Veteran's Rank: AIC Veteran's Service Branch: AIR FORCE War Service: (Optional) Valor Medals: (Optional & Proof Required) □ World War II Korea Vietnam Persian Gulf Legion of Merit Purple Heart Air Medal | | | | | | | | | | | | | | |
| War Service: <i>(Optional)</i> Valor Medals: <i>(Optional & Proof Required)</i> □ World War II □ Korea □ Vietnam □ Persian Gulf □ Legion of Merit □ Purple Heart ■ Air Medal | | | | | | | | | | | | | | |
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| ADDITIONAL INSCRIPTION: Punctuation is limited to: | | | | | | | | | | | | | | |
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| Two emblems can | | | | | | | | | | | | | | |
| COLUMBARIUM NICHE COVER: (LIMIT: 13 SPACES PER LINE) Urn Flat Marker: | | | | | | | | | | | | | | |
| MAYYOUBEAT | | | | | | | | | | | | | | |
| P E A C E N O W A N D | rial: | | | | | | | | | | | | | |
| FOREVER IN | | | | | | | | | | | | | | |
| OUR HEAT MARKER: (LIMIT: 27 SPACES PER LINE) additional space for inscription Spouse Only Markers I | | | | | | | | | | | | | | |
| URN FLAT MARKER: (LIMIT: 27 SPACES PER LINE) Spouse Only Markers I "Wife Of / Husband Of" Veteran's Name, Rank & Branch | | | | | | | | | | | | | | |
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| SCATTER GARDEN/ MEMORIAL MARKER: (LIMIT: 22 SPACES PER LINE) | | | | | | | | | | | | | | |
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| I understand that the information above will be automatically formatted according to regulations & space available. Once subn the cemetery will only accept changes if a factual error has occurred. The marker is delivered approximately 6-12 weeks after ordered; placement times then vary. | nitted, | | | | | | | | | | | | | |
| Signature of Next of Kin or Authorized Representative: Relationship: Date: | | | | | | | | | | | | | | |

SON

03/15/2023

10100 Horseshoe Bend Rd. Boise, ID 83714

Phone: (208) 780-1340 Fax: (208) 780-1341 Email: BoiseCemetery@veterans.idaho.gov

This form must be submitted to the cemetery office on the day of interment.

Signature of Next of Kin or Authorized Representative:

| FY. | 202 | 5 | | | | | | | | | | | Se | <u>e Ir</u> | <u>ıstı</u> | uct | tior | <u>18 U</u> | n r | vex | t Pa | ıge | | | | | |
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Relationship:

SPOUSE

Date:

01/15/2023

10100 Horseshoe Bend Rd. Boise, ID 83714

Phone: (208) 780-1340 Fax: (208) 780-1341 Email: BoiseCemetery@veterans.idaho.gov

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EV 2022

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Relationship:

SPOUSE

Date:

02/15/2023

Signature of Next of Kin or Authorized Representative: