

REQUEST FOR BURIAL / INURNMENT

IDAHO STATE VETERANS CEMETERY - BOISE

10100 Horseshoe Bend Rd. Boise, ID 83714 www.veterans.idaho.gov/cedeteries
Phone: (208) 780-1340 Fax: (208) 780-1341 Email: BoiseCemetery@veterans.idaho.gov

PLEASE READ INSTRUCTIONS ON NEXT PAGE.

THIS FORM MUST BE SUBMITTED AND ELIGIBILITY MUST BE VERIFIED BEFORE AN INTERMENT CAN BE SCHEDULED.

FY 2022 REQUESTS SUBMITTED AFTER 4:00 PM WILL BE PROCESSED THE FOLLOWING BUSINESS DAY.

REQUEST IS FOR: Veteran Spouse (Fee applies) Minor/ Disabled Dependent (Fee applies)

NAME OF DECEASED: _____
(Full Legal Name) First Middle Last

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

Gender: M F **Marital Status:** Married Widowed Divorced Never Married

City of Residence: _____
City State Zip Code

Was the Deceased pre-registered? Yes No Unknown

DD-214 (or equivalent) and Marriage Certificate (if applicable) must be INCLUDED if the Deceased was NOT pre-registered.

PLOT TYPE: **URN:** Columbarium Wall Niche In-Ground Cremation Scatter Garden

CASKET: Lower Burial Section Upper Burial Section (\$700 per person fee applies)

SERVICE TYPE: Shelter Use & Military Honors Shelter Use Only

Simple Placement (Columbarium or Scatter Garden) Direct Interment (No One Attending Placement)

Add to an Existing Gravesite? No Yes (If yes, name): _____

Are Both Spouses Veterans? Yes No N/A (Provide marriage certificate & DD-214 for each veteran)

MILITARY SERVICE DATA (Complete as much as possible)

VETERAN'S NAME: _____
(Required) First Middle Last

SSN: _____ **Service #** _____
(Required) (Optional)

Service Branch: _____ **Rank:** _____ **Retired Military?** Yes No

Active-Duty Entry Date: _____ **Exit/ Retirement Date:** _____

CONTACT INFORMATION (Required)

NEXT-OF-KIN: _____ **Relation:** _____

ADDRESS: _____
Street or Mail City State Zip Code

Phone: _____ **Email:** _____
(Required)

EMAIL CONFIRMATION PACKET TO: Next-Of-Kin Funeral Director

FUNERAL DIRECTOR: _____ **Will they be present at cemetery?** Yes No

Funeral Home: _____ **City & State:** _____

Phone: _____ **Email:** _____

ACKNOWLEDGEMENT: By signing below I certify that all information on this form is true, correct, and complete to the best of my knowledge. I also certify, to the best of my knowledge, that the deceased has never committed or been convicted of any of the following: a) a capital crime, such as murder or other offense that could have resulted in imprisonment for life; b) a Tier III sexual offense that could have resulted in imprisonment for life; or c) committed suicide to avoid prosecution.

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|---|----------------------|--------------|
| Signature of Next-of-Kin or Authorized Representative: | Relationship: | Date: |
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