

**MARYLAND DEPARTMENT OF VETERANS AFFAIRS
VETERANS CEMETERY PROGRAM - PRE-APPLICATION FOR INTERMENT**

PRIVACY ACT NOTICE: The information requested on this form is required to supplement military service information as submitted by the applicant. The information may be disclosed only as permitted by law.

Name of Veteran:

Social Security Number:

Daytime Telephone:

Date of Birth:

Place of Birth:

Current Home Address (*City, State and Zip Code*):

Next of Kin:

Telephone:

Relationship:

Address of Next of Kin (*City, State and Zip Code*):

() Allegany County (*Rocky Gap*)

14205 Pleasant Valley Road NE

Flintstone MD 21530

301 777-2185

() Baltimore County (*Garrison Forest*)

11501 Garrison Forest Road

Owings Mills MD 21117

410 363-6090

() Anne Arundel County (*Crownsville*)

1122 Sunrise Beach Road

Crownsville MD 21032

410 987-6320

() Dorchester County (*Eastern Shore*)

6827 E. New Market Ellwood Road

Hurlock MD 21643

410 943-3420

() Prince George's County (*Cheltenham*)

11301 Crain Highway Cheltenham MD 20623 301 372-6398

I hereby apply for a pre-determination of my eligibility for interment in a Maryland State Veterans' Cemetery. I understand that acceptance of this application by the Maryland Department of Veterans Affairs does not constitute a final determination that I, or any of my family members, are eligible for interment in a Maryland State Veterans' Cemetery or guarantee the reservation of a specific gravesite. *I understand that the Maryland Department of Veterans Affairs reserves the right to make a final determination at the time of my death regarding whether I meet the legally required eligibility criteria for burial in a Maryland State Veterans' Cemetery.*

SIGNATURE OF VETERAN

DATE:

IMPORTANT

- 1 Enclose your military service record indicating DATE OF ENTRY, DATE OF DISCHARGE, BRANCH, SERIAL NUMBER, HOME OF RECORD AT TIME OF ENTRY and CHARACTER OF SERVICE (*DD214 or equivalent discharge document*).
- 2 If your service record does not indicate Maryland as your *home of record* at time of entry into service, please choose and enclose only one of the following (indicating your current legal resident in Maryland and a date within 6 months): UTILITY BILL, HOSPITAL BILL, TAX RECORDS, copy of VALID MARYLAND DRIVER'S LICENSE, as required by State law. **NOTE:** (IF YOU DO NOT HAVE A MARYLAND ADDRESS AS YOUR HOME OF RECORD ON YOUR DISCHARGE DOCUMENT AND PLAN TO MOVE OUT OF THE STATE OF MARYLAND IN THE FUTURE, YOU MAY BE REQUIRED TO PROVE TWO (2) YEARS OF RESIDENCY IN MARYLAND).
- 3 Please forward this application to: TO THE CEMETERY OF YOUR CHOICE and allow 4-6 weeks for processing.

To be added to the MDVA email distribution list, please check box and provide email address: