



# MDVMF Veteran Cemetery Program

## Pre-application For Interment

### Instructions

- 1) **Fully complete and sign** this form.
- 2) Provide a **copy** of your DD214 or equivalent discharge document that includes **DATE OF ENTRY & SEPARATION, BRANCH OF SERVICE, SERVICE NUMBER, HOME OF RECORD AT TIME OF ENTRY, and CHARACTER OF SERVICE.**
- 3) Provide documentation of proof of Maryland residency, which can include:
  - a Maryland address in the Home of Record at Time of Entry field on your discharge document **or**
  - one of the following, indicating your current legal residence in Maryland dated within six months
    - utility bill, hospital bill, tax records, copy of valid Maryland driver's license
- 4) Mail or email your completed and signed form, copy of discharge documentation, and Maryland residency documentation to your cemetery of choice.
- 5) Please allow 4-6 weeks for processing.

**Note:** Submitting an incomplete form or omitting any supporting documentation will lead to delay or denial of your pre-application. Please notify the cemetery in writing if any information changes after you receive notification of MDVMF's acceptance of your pre-application. Additional documentation may be required prior to establishing initial and/or final eligibility for (but not limited to) spouses, dependent children, veteran name changes post-discharge, and veterans who live outside of Maryland at the time of death.

#### **Cheltenham Veterans Cemetery**

11301 Crain Highway  
Cheltenham, MD 20623  
Phone: 1-301-372-6398  
Fax: 1-301-782-7310

[cheltenham.vc@maryland.gov](mailto:cheltenham.vc@maryland.gov)

#### **Garrison Forest Veterans Cemetery**

11501 Garrison Forest Road  
Owings Mills, MD 21117  
Phone: 1-410-363-6090  
Fax: 1-410-363-1533

[garrisonforest.vc@maryland.gov](mailto:garrisonforest.vc@maryland.gov)

#### **Crownsville Veterans Cemetery**

1122 Sunrise Beach Road  
Crownsville, MD 21032  
Phone: 1-410-987-6320  
Fax: 1-410-987-3920

[crownsville.vc@maryland.gov](mailto:crownsville.vc@maryland.gov)

#### **Rocky Gap Veterans Cemetery**

14205 Pleasant Valley Road North East  
Flintstone, MD 21530  
Phone: 1-301-777-2185  
Fax : 1-301-777-2402

[rockygap.vc@maryland.gov](mailto:rockygap.vc@maryland.gov)

#### **Eastern Shore Veterans Cemetery**

6827 East New Market Ellwood Road  
Hurlock, MD 21643  
Phone: 1-410-943-3420  
Fax: 1-410-943-3680

[easternshore.vc@maryland.gov](mailto:easternshore.vc@maryland.gov)

#### **General Information**

MDVMF Cemetery & Memorial Programs  
1-410-923-6981

[veterans.maryland.gov/cemetery-and-memorial-program](http://veterans.maryland.gov/cemetery-and-memorial-program)



# MDVMF Veteran Cemetery Program Pre-application For Interment

Full Name of Veteran \_\_\_\_\_ Social Security # \_\_\_\_\_

Veteran's Daytime Telephone \_\_\_\_\_ Veteran's Date of Birth \_\_\_\_\_

Veteran's Email Address \_\_\_\_\_ Veteran's Place of Birth \_\_\_\_\_

Veteran's Current Home Address (Incl City, State, & Zip Code) \_\_\_\_\_

Veteran's Marital Status (choose one) Married  Divorced  Never Married

If Married, Full Name of Spouse \_\_\_\_\_

Spouse's Daytime Telephone \_\_\_\_\_

Spouse's Current Home Address (Incl City, State & Zip Code) \_\_\_\_\_

Full Name of Next of Kin \_\_\_\_\_

Next of Kin's Daytime Telephone \_\_\_\_\_

Next of Kin's Current Home Address (Incl City, State & Zip Code) \_\_\_\_\_

**\*\*Please Read and Sign Below\*\***

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 MDVMF 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 MDVMF reserves the right to make a final determination at the time of death regarding whether I meet the legally required eligibility criteria for burial in a Maryland State Veterans Cemetery and agree to update my information, in writing, as necessary.**

Signature of Veteran \_\_\_\_\_ Date \_\_\_\_\_

Would you like to receive the Department's bi-weekly email newsletter?  Yes  No

**Privacy Act Notice:** The information requested on this form is required to supplement military service information submitted by the applicant. The information may be disclosed only as permitted by law.