



REQUEST FOR GOVERNOR'S MEMORIAL CERTIFICATE

State Form 54314 (R / 3-15)
INDIANA DEPARTMENT OF VETERANS' AFFAIRS

INDIANA VETERANS' MEMORIAL CEMETERY

1415 North Gate Road
Madison, IN 47250
Telephone: (812) 273-9220
Fax: (812) 273-9221

INSTRUCTIONS: 1. Complete a new application for each veteran and/or mailing address.

2. Attach a copy of the veteran's discharge document.
3. Mail or fax to the Indiana Veterans' Memorial Cemetery at the above address.

Name of veteran		
Date of death (month, day, year)	Number of certificates requested (maximum of four(4))	
Send certificate(s) to:		
Name of requestor		
Street address (number and street, PO Box, or rural route)		
City	State	ZIP code
Mail certificate(s) to (if different than requestor):		
Street address (number and street, PO Box, or rural route)		
City	State	ZIP code
Home telephone number ()	Work telephone number ()	
Signature of requestor		Date signed (month, day, year)