



APPLICATION FOR BURIAL

State Form 48554 (R6 / 2-19)

STATE OF INDIANA INDIANA VETERANS MEMORIAL CEMETERY

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



* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is voluntary; however, this request may not be able to be processed without it.

Is the Veteran Deceased? ☐ Yes ☐ No

Name of Veteran _____
First Middle Last

Address _____
Number and Street City State ZIP Code

Telephone Number - Home: _____ Work: _____

Date Entered Service (month, day, year) _____ Date Separated (month, day, year) _____

Branch of Service _____ Highest Rank Achieved _____

Social Security Number* _____ Type of Discharge _____

Date of Birth of Veteran (month, day, year) _____ Service Number (If Any) _____

Does spouse or eligible dependent wish to be buried with veteran? ☐ Yes ☐ No

DOCUMENTATION OF DEPENDENT STATUS MUST BE PROVIDED FOR ELIGIBLE DEPENDENT.

Name of Spouse _____
First Middle Last

Date of Birth (month, day, year) _____ Social Security Number* _____

The above statements are true and accurate to the best of my knowledge.

Signature of Veteran/Spouse/Next of Kin _____ Date (month, day, year) _____

Please submit this application and a copy of your Discharge or DD-214 (DO NOT SEND ORIGINAL) to:

INDIANA VETERANS MEMORIAL CEMETERY
at above-listed Address, Fax, or E-mail: ivmc@dva.in.gov

----- TO BE COMPLETED BY AGENCY ONLY:

Approved: _____ Denied: _____

Signature _____ Date (month, day, year) _____
Invalid without raised State Seal