



Veteran's Date of Death

Spouse's Date of Death

### APPLICATION FOR BURIAL IN THE ATLANTIC COUNTY VETERANS CEMETERY

Veteran's Name \_\_\_\_\_  
*First Middle Last*

Address \_\_\_\_\_  
*Street City State Zip*

Spouse's Name \_\_\_\_\_  
*First Middle Last*

Social Security Number \_\_\_\_\_ Telephone \_\_\_\_\_

Date Entered Military Service \_\_\_\_\_ Date Separated \_\_\_\_\_

Branch of Service \_\_\_\_\_ Service Number/SSN \_\_\_\_\_

Grade, Rank or Rating \_\_\_\_\_ Type of Discharge \_\_\_\_\_

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

Attach photocopy of marriage certificate \_\_\_\_\_ & Military separation papers \_\_\_\_\_  
*(if applicable) (DD214)*

Length of time veteran has been a resident of Atlantic County \_\_\_\_\_

Signature of Veteran \_\_\_\_\_ Date \_\_\_\_\_  
(spouse or next of kin if veteran is deceased)

Spouse: At the time of my death, I desire to be buried in the plot adjacent to my husband/wife.

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Registration information should be forwarded to:  
Veterans Interment Officer  
109 Boulevard Route 50  
MaysLanding, NJ 08330

Questions can be directed to:  
Division of Parks & Recreation  
(609)-645-5960

*-For Office Use Only-*

Remarks

- Status  Confirmed  Copy of Separation Papers  Length of Residency  
 Information Needed  Application Form  Proof of Discharge  
 Copy of Marriage License  Signature  Veterans  
 Spouse

Application approved/disapproved \_\_\_\_\_ Date \_\_\_\_\_

*Veterans Interment Officer*