## APPLICATION AND ELIGIBILITY FOR BURIAL IN THE NORTH DAKOTA VETERANS CEMETERY

ADDRESS (Street, City, State, Zip)  DATE OF BIRTH (DAY, MONTH, YEAR)  PLACE OF BIRTH (CITY, STATE)  MILITARY STATUS  DATE ENTERED ACTIVE DUTY (DAY - MONTH - YEAR)  DATE RESERVE  HIGHEST RANK HELD  BRANCH  WAR SERVICE (WW.I, WW.II, OTHER)  Attach (Copy) of FORM 53-55 or DD214 or NGB 22 (Showing Character of Discharge)  MARKER INFORMATION: RELIGIOUS EMBLEM  SPOUSE INFORMATION: FIRST NAME - MIDDLE NAME - LAST NAME  DATE OF BIRTH (DAY, MONTH, YEAR)  DATE RELEASED FROM ACTIVE DUTY (DAY - MONTH - YEAR)  WAR SERVICE (WW.I, WW.II, OTHER)  SEE ATTACHED LIST OF RELIGIOUS  EMBLEMS AND INDICATE ON REVERSE	DATE OF APPLICATION:	Phone (701) 667	A VETERANS (reet, Mandan, ND 7-1418 Fax (701)	58554	,		
MILITARY STATUS  GUARD  RESERVE  HIGHEST RANK HELD  Attach (Copy) of FORM 53-55 or DD214 or NGB 22 (Showing Character of Discharge)  MARKER INFORMATION: RELIGIOUS EMBLEM  DATE RELEASED FROM ACTIVE DUTY (DAY - MONTH - YEAR)  BRANCH  WAR SERVICE (WW I, WW II, OTHER)  SEE ATTACHED LIST OF RELIGIOUS EMBLEM	FIRST NAME - MIDDLE NAME - LAST NAME		PHONE NUMBER	MILITARY SER NU	MBER SOC. SEC. NUMBER	SEX	
GUARD  RESERVE  NOTERAN  HIGHEST RANK HELD  BRANCH  WAR SERVICE (WW I, WW II, OTHER)  SEE ATTACHED LIST OF RELIGIOUS  EMBLEMS AND INDICATE ON REVERSE	ADDRESS (Street, City, State, Zip)		DATE OF BIRTH (DAY, MONTH, YEAR)		PLACE OF BIRTH (CITY	PLACE OF BIRTH (CITY, STATE)	
Attach (Copy) of FORM 53-55 or DD214 or NGB 22 (Showing Character of Discharge)  MARKER INFORMATION: RELIGIOUS EMBLEM		DATE ENTERED ACTIVE DUTY	(DAY – MONTH – YEAR)	DATE RELEA	ASED FROM ACTIVE DUTY (DAY - MO	NTH - YEAR)	
MARKER INFORMATION: RELIGIOUS EMBLEM	□ VETERAN						
MARKER INFORMATION: RELIGIOUS EMBLEM YES NO EMBLEMS AND INDICATE ON REVERSE	Attach (Copy)	of FORM 53-55 or DD2	14 or NGB 22 (	Showing Cha	racter of Discharge)		
SPOUSE INFORMATION: FIRST NAME - MIDDLE NAME - LAST NAME DATE OF BIRTH	MARKER INFORMATION: RELIGIOUS EMBLEM						
· · · · · · · · · · · · · · · · · · ·	SPOUSE INFORMATION: FIRST NAME - MIDDLE NAME - LAST NAME				DATE OF BIRTH		
(FOR CEMETERY OFFICE USE ONLY)  This is to certify the individual named above is eligible for interment, along with spouse (s) and dependent children under applicable rules, in the ND Veterans Cemetery.	This is to cert	tify the individual named above is eli	gible for interment, alo	ng with spouse (s) a	and dependent children under		
VERIFIED BY AND DATE (Signature of Cemetery Official)	481 06/11	VERIFIED BY AND DA	ATE (Signature of Cer	netery Official)			

