



Veterans Memorial Cemetery of Western Colorado VMC Form 1

2830 Riverside Parkway • Grand Junction, CO 81501
Phone 970-263-8986 • Fax 970-257-7450

REQUEST TYPE (Check all that apply)

INTERMENT TYPE

Registration of Veteran	Casket	Cremation Ground	Cremation Columbarium	Memorial Garden	Undecided
Registration of Spouse	Casket	Cremation Ground	Cremation Columbarium	Memorial Garden	Undecided
Registration of Dependent	Casket	Cremation Ground	Cremation Columbarium	Memorial Garden	Undecided

VETERAN'S INFORMATION -

Early Registration

Immediate Need

Last Name _____ First Name _____ Middle Name _____
 Address _____ City _____ State _____ ZIP _____
 Daytime Phone (____) _____ Cell Phone (____) _____ Email Address _____
 Gender Male Female Date of Birth _____ Date of Death _____
 Social Security # _____
 Marital Status Never Married Married Divorced Widowed Legally Separated

SERVICE RECORD (**REQUIREMENT:** A copy of each Form DD-214 or equivalent document to verify dates/rank/character of service entered here)

Service Branch _____ Rank at discharge _____ Entry Date _____ Separation Date _____
 Service Branch _____ Rank at discharge _____ Entry Date _____ Separation Date _____
 Are you registered at a VA Hospital? _____

CONTACT INFORMATION (Complete only if someone other than the Veteran should be contacted about this form)

Last Name _____ First Name _____ Middle Name _____
 Address _____ City _____ State _____ ZIP _____
 Daytime Phone (____) _____ Cell Phone (____) _____ Email Address _____
 Relationship to Veteran _____
 Use Contact Information for All Mailed Correspondence Telephone Contact Only Both

SPOUSE/DEPENDENT INFORMATION -

Early Registration

Immediate Need

(**REQUIREMENT:** For dependent, a copy of the birth certificate and documented proof of dependency (if over the age of 18) is required with this form.)

Last Name _____ First Name _____ Middle Name _____
 Address _____ City _____ State _____ ZIP _____
 Daytime Phone (____) _____ Cell Phone (____) _____ Email Address _____
 Gender Male Female Date of Birth _____ Date of Death _____
 Social Security # _____
 Marital Status Single Married Divorced Widowed Legally Separated

Authorization

I certify to the best of my knowledge, that all of the information provided on this application as well as the supporting documentation are true and correct.

Signature _____ Printed Name _____
 Date _____ If not the veteran, relationship to Veteran _____

VMC Form 1 Instructions

VMC Form 1 allows a veteran, veterans spouse and eligible dependents to establish his/her eligibility for interment at the Veterans Memorial Cemetery of Western Colorado. There is no cost for early registration and it does not obligate the applicant to be interred at the cemetery. Early registration is intended to simplify and assist the next-of-kin at time of death. If this application is submitted for immediate need, VMC Form 2 must accompany this form and supporting documentation.

Please complete the form as instructed below:

- Check the "Registration of Veteran" box and select "Interment Type." Eligible spouses and dependent children may also be registered at the same time as the veteran, if so desired (see below).
- Complete the "Veteran's Information" and "Service Record" sections of the form. Please note that the "Service Record" information listed on this application is not in lieu of providing the Veterans Cemetery with a copy of **each Form DD-214** or equivalent discharge document that the veteran was issued. Be sure that the character of service is indicated on the document. A copy of each of these documents **MUST** be included when submitting this form. Failure to provide the required service record documents will delay processing.
- If at the time of early registration, it is felt that a person other than the eligible veteran should be designated as the point of contact, please complete the "Contact Information" section, otherwise, leave blank if we should contact the veteran when the Cemetery Office has questions.
- Complete the "Spouse/Dependent Information" if the eligible spouse wishes to be interred in the Veterans Cemetery.
- In certain circumstances, dependent children may also be eligible for interment. Complete the "Spouse/Dependent Information" if you wish to register the eligible dependent child. A copy of the birth certificate and other eligibility documents must be included when submitting the application. Please contact the Veterans Cemetery Office for more information regarding dependent children, including the documentation required.
- The person completing the application should sign and date the form. Please indicate the relationship to the veteran. It is recognized that in certain cases the veteran may require assistance and not be the individual completing the application.
- To submit the completed application(s) and supporting documentation, please email to Angela.Ingalls@state.co.us or Steven.Stogsdill@state.co.us, fax to (970) 257-7450 or mail to the address below.



REQUIRED
DOCUMENT

Veteran Memorial Cemetery of Western Colorado
2830 Riverside Parkway
Grand Junction, CO 81501
Phone 970-263-8986 Fax 970-257-7450
Angela.Ingalls@state.co.us / Steven.Stogsdill@state.co.us

Additional Resources

Colorado Department of Military and Veterans Affairs
Colorado Division of Veterans Affairs
Veterans Memorial Cemetery of Western Colorado
National Cemetery Administration
Burial Benefits Eligibility
State Veterans Service Officer
Obtaining Military Records/Medals

www.colorado.gov/dmva
www.colorado.gov/vets
www.colorado.gov/dmva/veterans-memorial-cemetery-1
www.cem.va.gov
www.cem.va.gov/eligible
970-257-3763
www.cem.va.gov/records