



VETERANS MEMORIAL CEMETERY OF WESTERN COLORADO

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Determination of Eligibility (VMC Form 1)

Instructions for Completing This Form

IMMEDIATE NEED Complete all sections & VMC Form 2, *Monument Application*. Submit a copy of veteran's discharge* & a copy of death certificate to Cemetery. Veterans must have been a resident of Colorado upon entry on active duty. If not, veteran or eligible dependent must have been a Colorado resident upon death. **ALL FORMS & DOCUMENTATION MUST BE SUBMITTED AT LEAST 48 HOURS PRIOR TO INTERMENT.**

EARLY REGISTRATION Complete all sections. Submit a copy of veteran's discharge* to Cemetery. If veteran was NOT a resident of Colorado upon entry on active duty, submit proof of current Colorado residency, e.g., copy of driver's license, utility bill, etc.

* Discharge itself must be submitted, not the discharge certificate. Examples include: DD214, WD AGO 53-55, NAVPERS 553, NAVMC70-PD & others.

SECTION 1 CONTACT INFORMATION

Date of Contact _____ Contact's Name _____ Relationship to Decedent/Veteran _____

Veteran **Spouse** **NOK** (Next-of-Kin) _____
(Relationship)

Other (funeral director, Power-of-Attorney, friend, etc.) _____

By my signature herein, I certify, under penalty of perjury, that I am the legal next-of-kin and/or otherwise authorized to make interment arrangements for the decedent and/or veteran identified below:

(Signature)

SECTION 2 VETERAN INFORMATION

Decedent? **Yes** **No** If Yes, Date of Death _____

Name _____ DOB _____
(First) (Middle) (Last)

Address _____ Telephone # (_____) _____
(Street) (City) (State) (Zip Code) (Area Code)

SSN _____ Military Service # _____ VA Claim # _____

HOR (Home of Record at Time of Entry into Service) _____ Discharge Form # _____
(City & State)

Character of Service _____ Marital Status: **Married** **Divorced** **Widow(er)** **Never Married**

Veteran **Retired** **Other** _____ Aliases _____

BOS* **Army** **Navy** **USMC** **USCG** **USAF** **USAAF** **Merchant Marine** **Other** _____

* If more than one branch of service, note in Section 6 Additional Information on reverse

Highest Rank _____ EOD (Date Entered on Active Duty) _____ RAD (Date Release from Active Duty) _____

War Periods **WWI** **WWII** **Korea** **Vietnam** **Gulf War** **Other** _____

Valor/Non-Valor Awards _____

SECTION 3 SPOUSE INFORMATION

Decedent? **Yes** **No** If Yes, Date of Death _____

Is Spouse NOK? **Yes** **No**

Name _____ SSN _____
(First) (Middle) (Last)

Address: **Same as Veteran** **Other** _____
(Street) (City) (State) (Zip Code)

Telephone # (_____) _____ DOB _____
(Area Code)

SECTION 4 DEPENDENT INFORMATION

Decedent? Yes No **If Yes, Date of Death** _____

Additional Dependents Yes No

(Name)	(DOB)	(SSN)	(Relationship)	(Address)
(Name)	(DOB)	(SSN)	(Relationship)	(Address)
(Name)	(DOB)	(SSN)	(Relationship)	(Address)

SECTION 5 TYPE OF INTERMENT DESIRED

Except under very limited circumstances, gravesites cannot be reserved. Please contact cemetery staff with any questions.

- VETERAN** Casket-Single Vault Casket-Double Vault Urn-In-Ground Niche Urn-Wall Niche MGP
 To Be Determined at Time of Need
- SPOUSE** Casket-Single Vault Casket-Double Vault Urn-In-Ground Niche Urn-Wall Niche MGP
 To Be Determined at Time of Need
- DEPENDENT** Casket-Single Vault Casket-Double Vault Urn-In-Ground Niche Urn-Wall Niche MGP
 To Be Determined at Time of Need

SECTION 6 ADDITIONAL INFORMATION

CEMETERY USE ONLY

Colorado Resident Yes No **Basis** EAD Death TBD at Time of Death

Type of Residency Document _____

Based on the information provided, this veteran is **ELIGIBLE** **INELIGIBLE** for interment.

(Signature of Cemetery Staff Member Making Determination of Eligibility)

(Date)