



Date Verified: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Verified by: \_\_\_\_\_  
 Verified by: \_\_\_\_\_  
 Letter Mailed: \_\_\_\_\_ Approved Denied

CEMETERY USE ONLY

MINNESOTA  
STATE VETERANS CEMETERY

# PRE-REGISTRATION APPLICATION

Please include copies of the following support documents with your application (copies will not be returned):

- Veteran's military discharge (**DD214, Retirement Orders or equivalent**)
- If married, a copy of your marriage certificate.

## SECTION 1: VETERAN APPLICANT

NAME (FIRST, MIDDLE INITIAL, LAST)		SOCIAL SECURITY NO.	
ADDRESS		DATE OF BIRTH	PLACE OF BIRTH
CITY	STATE	ZIPCODE	
PHONE NO.	EMAIL	GENDER	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	IF YOU ARE MARRIED, IS YOUR SPOUSE ALSO A VETERAN? <input type="checkbox"/> NO <input type="checkbox"/> YES: <i>If yes; your spouse must complete a separate application.</i>	

## SECTION 2: MILITARY SERVICE INFORMATION

SERVICE NO.	HIGHEST RANK	WARTIME PERIOD	
BRANCH OF SERVICE			
ARMY <input type="checkbox"/>	NAVY <input type="checkbox"/>	AIR FORCE <input type="checkbox"/>	MARINE CORPS <input type="checkbox"/>
SPACE FORCE <input type="checkbox"/>	COAST GUARD <input type="checkbox"/>	OTHER (Specify) _____	
DATE(S) ENTERED	DATE(S) SEPARATED	VA COMPENSABLE DISABILITY	VA DISABILITY RATING %
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

## SECTION 3: SPOUSE & DEPENDENT (complete if currently married or if you have dependent children)

NAME OF SPOUSE (FIRST, MIDDLE INITIAL, LAST)	SOCIAL SECURITY NO.	DATE OF BIRTH
Do you anticipate that your spouse will be buried at this cemetery? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have any minor children? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have any permanently disabled unmarried adult children? YES <input type="checkbox"/> NO <input type="checkbox"/>

## SECTION 4: CEMETERY LOCATION (please indicate your preferred cemetery location and forward to the same designated location)

CEN MN (Little Falls) <input type="checkbox"/>	SE MN (Preston) <input type="checkbox"/>	NE MN (Duluth) <input type="checkbox"/>	SW MN (Redwood Falls) <input type="checkbox"/>
MNSVC - Little Falls 15550 HWY 115 Little Falls, MN 56345 (320) 616-2527 FAX: (320) 616-2529 <a href="mailto:Info.CemLF@state.mn.us">Info.CemLF@state.mn.us</a>	MNSVC - Preston 715 Hwy 52 Preston, MN 55965 (507) 765-7320 FAX: (507) 765-3793 <a href="mailto:Info.CemPR@state.mn.us">Info.CemPR@state.mn.us</a>	MNSVC - Duluth 4777 HWY 53 Saginaw, MN 55779 (218) 520-0120 FAX: (218) 729-1343 <a href="mailto:Info.CemDU@state.mn.us">Info.CemDU@state.mn.us</a>	MNSVC - Redwood Falls 33752 Noble Ave Redwood Falls, MN 56283 (507) 709-4390 FAX: (507) 709-4398 <a href="mailto:Info.CemRF@state.mn.us">Info.CemRF@state.mn.us</a>

I certify that all information I have provided on the application and the supporting documentation is true and correct to the best of my knowledge. I also understand I am not obligated to be interred at any Minnesota State Veterans Cemetery, and that this application does not guarantee a gravesite will be available upon my death, or the death of my spouse.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_