



# 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.) \_\_\_\_\_

Contact's Telephone Number \_\_\_\_\_

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)