Veterans Memorial Cemetery of Western Colorado



2830 Riverside Parkway, Grand Junction, CO 81501

Phone: 970-263-8986 Fax: 970-257-7450

Email: Angela.Ingalls@state.co.us or

Steven.Stogsdill@state.co.us



Determination of Eligibility (VMC Form 1)

Immediate Need

Complete all sections and VMC Form 2: Monument Application. Submit a copy of veteran's discharge* and a copy of death certificate to the Cemetery. Veterans must have been resident of Colorado upon entry on active duty. If not, veteran or eligible dependent must have been a Colorado resident upon death. All forms and documents must be submitted at least 48 hours prior to the internment.

Early Registration

Complete all sections. Submit a copy of veteran's discharge* to the Cemetery. If the 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 and others.

Section 1 Contact Information

Date of Contact's Name:

Relationship to Decedent/Veteran:

Veteran Spouse Next-of-Kin (NOK)

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 internment arrangements for the decedent and/or veteran identified below:

Signature:

Section 2 Veteran Information

Decedent?	Yes	If Yes, Date of Death	No			
Name:		D	ate of Birth:			
Address:		Telephone	Number:			
SSN:	Military Service Numb	oer: VA Claim N	VA Claim Number:			
Home City and State of Record at Time of Entry into Service:						
Discharge Form Numl	ber:	Character of Servic	Character of Service:			
Marital Status:						
Married	Divorced	Widow(er)	Never Married			
Veteran	Retired Oth	ner: Ali	ases			
Branch of Service:						
Army	USMC	USAF	Merchant Marine			
Navy	USCG	USAAF	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	WWII	Vietnam	Other			
WWI	Korea	Gulf War				

Valor/Non-Valor Awards

Section 3 Spouse Information

Decedent? Yes If Yes, Date of Death No

Is the Spouse the Next of Kin?

Yes

No

Name

Address: Same as Veteran Other

Telephone Date of Birth

Section 4 Dependent Information

Decedent? Yes If Yes, Date of Death No

Additional Dependents? Yes No

Name Date of Birth SSN

Relationship Address

Name Date of Birth SSN

Relationship Address

Name Date of Birth 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 Urn-In-Ground To Be Determined at Time of Need

Casket-Double Vault Niche Urn-Wall Niche MGP

Spouse Casket-Single Vault Urn-In-Ground To Be Determined at Time of Need

Casket-Double Vault Niche Urn-Wall Niche MGP

Dependent Casket-Single Vault Urn-In-Ground To Be Determined at Time of Need

Casket-Double Vault Niche Urn-Wall Niche MGP

Section 6: Additional Information

Cemetery Use Only						
Colorado Resident		Yes	٨	lo		
Basis	EAD	Death	TBD a	t Time of Death		
Type of Residency D	ocument					
Based on the information provided, this veteran is			Eligible	Ineligible for interment		
Signature of Cemete	ery Staff Mem	ber Making Determinatio	n of Eligibility	Date		