



Wis. Stats. Chapter 45

Wisconsin Department of Veterans Affairs

Submission of an electronic application with uploaded documents through the MyWisVets.com online portal will result in the fastest processing time.

Alternatively, paper applications may be submitted by mail to:  
 STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS  
 2135 Rimrock Road, P.O. Box 7843  
 Madison, WI 53713-7843  
 Or by fax at: (608)-267-0403

**PRE-REGISTRATION FOR CEMETERY INTERMENT — APPLICATION**

Please check the appropriate box on application to establish eligibility of a veteran for interment at one of the state veteran's cemeteries: **Spooner, Union Grove, or King**. Follow registration procedures regarding submission of military service, residency and/or marriage documentation. Once eligibility has been established, you will receive pre-registration confirmation of your request.

<b>CEMETERY PRE-REGISTRATION</b>			
Please enter your e-mail address below: Your E-mail Address: _____			
<b>PREFERRED VETERANS CEMETERY (you are not obligated to this choice)</b>			
Please select one: <input type="checkbox"/> Spooner (NWVMC), <input type="checkbox"/> King (CWVMC), <input type="checkbox"/> Union Grove (SWVMC)			
<b>VETERAN APPLICANT PERSONAL INFORMATION</b>			
Last Name	Suffix <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	First	Middle Name
Present Street Address: _____			
City	County	State	Zip
Home Phone: _____		Work Phone: _____	
Date of Birth (mm/dd/yyyy)	Social Security Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated
Service Type: (Type of interment can be changed at a later date.) <input type="checkbox"/> Casket <input type="checkbox"/> Cremation			
<b>SPOUSE APPLICANT PERSONAL INFORMATION: (Complete only if pre-registering for spouse.)</b>			
Last Name	Suffix <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	First	Middle Name
Check if you are a veteran or current military member <input type="checkbox"/>			
Date of Birth (mm/dd/yyyy)	Social Security Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated
Service Type: (Type of interment can be changed at a later date.) <input type="checkbox"/> Casket <input type="checkbox"/> Cremation			
<b>VETERAN'S MILITARY SERVICE INFORMATION</b>			
Branch of Service: (Must be consistent with rank.) <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Merchant Marine <input type="checkbox"/> Other			
Period of Service: (Check applicable box(es).) <u>Persian Gulf</u> <input type="checkbox"/> <u>Vietnam</u> <input type="checkbox"/> <u>Korea</u> <input type="checkbox"/> <u>World War II</u> <input type="checkbox"/> <u>National Guard or Reserves (20 years of</u> <input type="checkbox"/> <u>Other</u> <input type="checkbox"/> <u>qualifying service or retired)</u>			
Service / Social Security Number: _____		Highest Rank Attained: _____	
<b>PERIODS OF ACTIVE DUTY MILITARY SERVICE: (If more than 3 active duty periods, enter the longest.)</b>			
<b>First Service Period</b> Entry Date (mm/dd/yyyy)	Separation Date (mm/dd/yyyy)	<b>Second Service Period</b> Entry Date (mm/dd/yyyy)	Separation Date (mm/dd/yyyy)
<b>Third Service Period</b> Entry Date (mm/dd/yyyy)	Separation Date (mm/dd/yyyy)		
I certify that all information I have provided on this application and the supporting documentation is true and correct to the best of my knowledge.			
<b>SIGNATURE OF APPLICANT:</b> _____		<b>DATE:</b> _____	