NORTHERN NEVADA VETERANS MEMORIAL CEMETERY
P O Box 1919, Fernley, NV 89408 (775) 575-4441
(775) 575-5713 or Email: Grimese@veterans.nv.gov
"Serving Nevada's Heroes"

## PRE-REGISTRATION APPLICATION

This application is used to establish eligibility for burial at the Northern Nevada Veterans Memorial Cemetery.

Section 1:	Veteran Applicant
Name:	SSN#
Address:	
City/State	e/Zip:
Home Ph	one: Date of Birth: Male Female
Single	Married Divorced Widowed
If your sp	ouse is a veteran, they must complete a separate application.
Section 2	2: Spouse or Next of Kin
Name:	Phone
Address:	
Section 3	3: Military Service Information
Service #	Highest Rank:
Branch of Army	f Service: Navy Air Force Marine Corps Coast Guard Army Air Corps Other:
	hat all information provided on this application and any supporting documentation is true and correct t of my knowledge.
I also und	erstand that I am not obligated to be interred at the Northern Nevada Veterans Memorial Cemetery.
Signature	e of Applicant: Date

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

- 1) Veteran's military discharge (**DD-214 or equivalent**) 2) If married, a copy of your marriage certificate.
- 2) There is no charge to the veteran. However, there is a spousal fee of \$450 (subject to change) payable at the time of interment.

Mail completed application and supporting documents to: NNVMC, P O Box 1919, Fernley, NV 89408 Include a self-addressed, stamped, envelope if requesting confirmation of eligibility for your records.