

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.

CEMETERY PRE-REGISTRATION				
Please enter your e-mail address below:				
Your E-mail Address:				
PREFERRED VETERANS CEMETERY (you are not obligated to this choice)				
Please select one: ☐ Spooner (NWVMC), ☐ King (CWVMC), ☐ Union Grove (SWVMC)				
VETERAN APPLICANT PERSONAL INFORMATION				
Last Name Suffix		First	Middle Name	
Present Street Address:				
1 lesent street Address.				
City County			State	Zip
II. DI				
Home Phone: Work Phone: Date of Birth (mm/dd/yyyy) Social Security Number Gender Marital Status				
Date of Birth (him/dd/yyyy)	Social Security Ivallioci	Male Female		Married Divorced
			Widowed I	Legally Separated
Service Type: (Type of interment can be changed at a later date.) Casket Cremation				
SPOUSE APPLICANT PERSONAL INFORMATION: (Complete only if pre-registering for spouse.)				
Last Name	Suffix	□ IV □ Jr. □ Sr.	First	Middle Name
Check if you are a veteran or current military member				
Date of Birth (mm/dd/yyyy) Social Security Number Gender Marital Status				
☐ Male ☐ F		☐ Male ☐ Female		
☐ Widowed ☐ Legally Separated				
Service Type: (Type of interment can be changed at a later date.) Casket Cremation VETERAN'S MILITARY SERVICE INFORMATION				
Branch of Service: (Must be consistent with rank.)				
Army Marine Corps Navy Air Force Coast Guard Merchant Marine Other				
Period of Service: (Check applicable box(es).)				
Persian Gulf Vietnam Korea World War II National Guard or Reserves (20 years of Other				
qualifying service or retired)				
Service / Social Security Number: Highest Rank Attained:				
PERIODS OF ACTIVE DUTY MILITARY SERVICE: (If more than 3 active duty periods, enter the longest.) First Service Period Separation Date (mm/dd/yyyy) Second Service Period Separation Date (mm/dd/yyyy)				
First Service Period Entry Date (mm/dd/yyyy)	Separation Date (mm/dd/y		ce Period Separ	ration Date (mm/dd/yyyy)
Third Service Period	Separation Date (mm/dd/y	уууу)		
Entry 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.				
SIGNATURE OF APPLICANT: DATE:				