



# APPLICATION FOR BURIAL

State Form 48554 (R6 / 2-19)

**STATE OF INDIANA**  
**INDIANA VETERANS MEMORIAL CEMETERY**  
 1415 North Gate Road  
 Madison, IN 47250  
 Telephone number: 812-273-9220  
 Fax number: 812-273-9221



\* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is voluntary; however, this request may not be able to be processed without it.

Is the Veteran Deceased?  Yes  No

Name of Veteran \_\_\_\_\_  
*First* *Middle* *Last*

Address \_\_\_\_\_  
*Number and Street* *City* *State* *ZIP Code*

Telephone Number - Home: \_\_\_\_\_ Work: \_\_\_\_\_

Date Entered Service (*month, day, year*) \_\_\_\_\_ Date Separated (*month, day, year*) \_\_\_\_\_

Branch of Service \_\_\_\_\_ Highest Rank Achieved \_\_\_\_\_

Social Security Number\* \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Date of Birth of Veteran (*month, day, year*) \_\_\_\_\_ Service Number (*If Any*) \_\_\_\_\_

Does spouse or eligible dependent wish to be buried with veteran?  Yes  No

**DOCUMENTATION OF DEPENDENT STATUS MUST BE PROVIDED FOR ELIGIBLE DEPENDENT.**

Name of Spouse \_\_\_\_\_  
*First* *Middle* *Last*

Date of Birth (*month, day, year*) \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

The above statements are true and accurate to the best of my knowledge.

Signature of Veteran/Spouse/Next of Kin \_\_\_\_\_ Date (*month, day, year*) \_\_\_\_\_

Please submit this application and a copy of your Discharge or DD-214 (DO NOT SEND ORIGINAL) to:

**INDIANA VETERANS MEMORIAL CEMETERY**  
**at above-listed Address, Fax, or E-mail: [ivmc@dva.in.gov](mailto:ivmc@dva.in.gov)**

**TO BE COMPLETED BY AGENCY ONLY:**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Signature \_\_\_\_\_ Date (*month, day, year*) \_\_\_\_\_  
*Invalid without raised State Seal*