

**Northern New Jersey Veterans
Memorial Cemetery**

PRE-REGISTRATION APPLICATION

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

- 1. Veteran's military discharge-DD214 or equivalent**
- 2. If married, a copy of your marriage certificate.**

SECTION 1: VETERAN APPLICANT

NAME			SOCIAL SECURITY NO.		
ADDRESS					
CITY		STATE		ZIPCODE	
PHONE NO.		DATE OF BIRTH		GENDER MALE FEMALE	
MARITAL STATUS		IF YOU ARE MARRIED, IS YOUR SPOUSE ALSO A VETERAN?			
SINGLE WIDOWED		NO YES: <i>If yes; your spouse must complete a separate application</i>			
MARRIED DIVORCED					

SECTION 2: MILITARY SERVICE INFORMATION

SERVICE NO.			HIGHEST RANK				
BRANCH OF SERVICE		ARMY	NAVY	AIR FORCE	MARINE CORPS	COAST GUARD	OTHER (Specify)
DATE(S) ENTERED			DATE(S) SEPARATED				

SECTION 3: SPOUSE *(complete if currently married)*

NAME OF SPOUSE			SOCIAL SECURITY NO.		
Do you anticipate that your spouse will be buried at this cemetery?			YES	NO	DATE OF BIRTH
County of Residence:					

I certify that all information I have provided on the application and the supporting documentation is true and correct to the best of my knowledge.
I also understand I am not obligated to be interred at any New Jersey State Veterans Cemetery, and that this application does not guarantee a gravesite will be available upon my death, or the death of my spouse.

SIGNATURE OF APPLICANT: _____ DATE: _____

Next of Kin:
Name: _____
Mailing Address: _____
City, State, and Zip: _____
Phone: _____ E-mail: _____

Mail completed application and supporting documents to:

**Northern New Jersey Veterans Memorial Cemetery
75 North Church Road
Sparta, New Jersey 07871**