

**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	SINGLE	WIDOWED	IF YOU ARE MARRIED, IS YOUR SPOUSE ALSO A VETERAN? 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**