

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?	
MARRIED	DIVORCED	NO YES: <i>If yes; your spouse must complete a separate application</i>	

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?	DATE OF BIRTH
YES NO	
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: _____

Mail completed application and supporting documents to:

Northern New Jersey Veterans Memorial Cemetery
P.O. Box 82
75 North Church Road
Sparta, New Jersey 07871