

Decedent's Full Name: _____

If Service Member, Rank at Retirement/Resignation: _____

SSN: _____

Date of Birth: _____

Date of Death: _____

Place of Death: _____

Will the decedent be cremated? Yes No

If yes, where would you like inurnment to take place? (circle one)

Old Cadet Chapel Columbarium Outdoor Columbarium Wall In Ground In Existing Grave

Would you like a chapel service? Yes No (If no, service will take place at committal shelter for cremated remains and gravesite for casketed remains)

Religious Preference (circle one): Protestant Catholic Episcopal Jewish

Requested Date and Time (10 AM or 1:30 PM) #1: _____

Requested Date and Time (10 AM or 1:30 PM) #2: _____

If this is a service member funeral, who will receive the flag? _____

Approximately how many people will attend? _____

Name of Funeral Home: _____

Primary Next Of Kin (PNOK) Name – this should be the person who signs the Statement of Eligibility:

PNOK Full Mailing Address: _____

PNOK Phone Number: _____

PNOK Email Address: _____

***** PLEASE NOTE: The requested service date and time are not confirmed until you receive a confirmation notice from us. We strongly discourage making travel or lodging arrangements before this time. Please initial here _____**

Required Documentation Necessary for placement in the West Point Cemetery:

- 1) DD214 of Service Member
- 2) Copy of Certified Copy of Death Certificate.
- 3) Copy of Cremation Certificate or Burial Transit Permit
- 4) Signed Statement of Eligibility (from Office of Memorial Affairs).