



NORTHERN NEVADA VETERANS MEMORIAL CEMETERY

P O Box 1919, Fernley, NV 89408 (775) 575-4441

Fax: (775) 575-5713 or Email: www.veterans.nv.gov

“Serving Nevada’s Heroes”

PRE-REGISTRATION APPLICATION

This application is used to establish eligibility for burial at the Northern Nevada Veterans Memorial Cemetery.

Section 1: Veteran Applicant

Name: SSN#

Address:

City/State/Zip:

Home Phone: Date of Birth: Male Female

Single Married Divorced Widowed

If your spouse is a veteran, they must complete a separate application.

Section 2: Spouse or Next of Kin

Name: Phone

Address:

Section 3: Military Service Information

Service # Highest Rank:

Branch of Service:

Army ___ Navy ___ Air Force ___ Marine Corps ___ Coast Guard ___ Army Air Corps ___ Other: _____

I certify that all information provided on this application and any supporting documentation is true and correct to the best of my knowledge.

I also understand that I am not obligated to be interred at the Northern Nevada Veterans Memorial Cemetery.

Signature of Applicant: Date

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

- 1) Veteran’s military discharge (**DD-214 or equivalent**) 2) If married, a copy of your marriage certificate.

Mail completed application and supporting documents to: NNVMC, P O Box 1919, Fernley, NV 89408

NOTE: If requesting confirmation, include a self-addressed, stamped, envelope with your records.