M. J. "Dolly" Cooper Veteran's Cemetery Application for Interment

****TO BE COMPLETED ONLY BY FUNERAL DIRECTOR****

DD-214 MUST BE ATTACHED IF DECEDENT IS NOT PRE-REGISTERED AT THE CEMETERY

DECEDENT INFORMATION

Last Name	First Name		_ Middle Name	
Physical Address	City		County	
State Zi	p Place of Birth: C	City	State	
Gender Male Female	Decedent Status Veteran Active Du	ty Spouse Dependent	Child	
Social Security #	Date of Birth	Date of Death		
Marital Status: Single Married	Divorced Widowed Legally Separated	d		
Spouse or family members previo	usly interred in this Cemetery? Yes No			
If <u>YES</u> , please provide name and r	elationship			
Is there a full time student or disa	bled child in the home? Yes No			
If <u>YES</u> , please provide name and r	elationship			
VETERAN'S NAME (IF NOT DECEDE	ENT):			
Address	City	State	ZIP	

NEXT-OF-KIN INFORMATION / CONTACT INFORMATION

Last Name	First Name	MI	
Mailing Address	City	State _	ZIP
Phone ()	E-Mail		
Relationship to Veteran/Decedent			

FUNERAL HOME: YOU ARE REQUIRED TO CHECK IN UPON ARRIVAL AND AT COMPLETION OF COMMITTAL SERVICE. AT NO TIME IS THE DECEASED TO BE LEFT UNATTENDED.

Name		Contact			
Address	City	State	ZIP		
Phone ()	FAX ()	-			
SCHEDULING (VERIF	CATION OF ELIGIBITY MUST HAPP	EN PRIOR PLACEMENT O	N CALENDAR)		
DATE DESIRED:	TIME DESIRED	:			
THE ABOVE [DAY AND TIME IS RESERVED FOR BRIEF COM	MITTAL SERVICE WITH FAMILY C	OR DIRECT BURIAL		
DATE/TIMI	E CONFIRMED WITH CEMETERY PERSONNEL	(JILL WADE KAYLA Oth	er:)		

USE OF OUR COMMITTAL SHELTER

IN ORDER FOR THE CEMETERY TO PROVIDE THE VERY BEST SERVICE WE CAN TO YOU AND THE FAMILIES, PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:

- Very brief Committal Service with Honors using Committal Shelter Maximum allowed time for Committal SVC and Honors: 30 minutes. FULL SERVICES ARE TO BE HELD IN FACILITIES OUTSIDE OF THE CEMETERY.
- Brief Committal Service only (No Honors)
- Honors (Only for Veteran)
- No Service at Cemetery; Direct to the Grave Burial
 (Not using Committal Shelter and not Holding Honors)

FAMILIES ARE NOT ALLOWED TO REMAIN AT SHELTER OR CEMETERY AT END OF SERVICE. VISITATION TO GRAVE IS AUTHORIZED AFTER ALL BURIALS ARE COMPLETE FOR THAT DAY (AFTER 4PM)

INTERMENT INFORMATION (CHECK ALL THAT APPLY)

<u>Casket</u> : Cemetery Providing Free Concrete Grave Liner OR Family Purchasing Vault

NO VIEWINGS AUTHORIZED

<u>Cremation</u> : Columbarium Wall Niche In-ground Burial Scattering Garden

Non-Veteran Fee: Bring check day of service: Invoice the funeral home Invoice the family

Military Honors Arranged?: YES NO By Whom? _____Who Will Perform? _____

Will the Veteran's family be receiving an American Flag from funeral home? Yes No

(Funeral Directors are responsible for arrangement of honors. We have no in-house chaplains or honor teams. Each branch of service typically requests 48-hour notice prior to the date/time of need.)

AUTHORIZATION: FUNERAL HOME REPRESENTATIVE

I certify to the best of my knowledge, that all of the information provided on this application is true and correct. If the Cemetery should have questions or need further information, the first point of contact should be the below signed Funeral Director.

Signature _

__ Date _____ Printed Name _

Revised: 11/17/2022

Save digital form with Decedent's name and attached to email. **Email Form and Required Documents to jill.coker@scdva.sc.gov**