



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RIVMC Rhode Island Veterans Memorial Cemetery

OFFICE OF VETERANS AFFAIRS

PRE-QUALIFICATION APPLICATION

VETERAN'S NAME _____

SOCIAL SECURITY # _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

VETERAN'S ELIGIBILITY: RI resident upon entry into service: ___ Yes ___ No

If no, provide driver's license, voter registration or IRS tax forms to show 2 years of consecutive RI residency.

Type of Discharge _____ Branch of Service _____ Highest Rank _____ Service Number _____

Entry Date _____ Entry Place _____

Discharge Date _____ Discharge Place _____

Does Spouse wish to be buried with Veteran? Yes _____ No _____ N/A _____
If N/A, divorced _____ single _____

If yes, Spouse's name _____ Social security # _____

Date of birth _____ Place of birth _____

Dependent Children? Yes _____ No _____

If yes, provide Social Security Administration's Supplemental Security Income (SSI) award letter.

The above is true to the best of my knowledge and I have not been convicted of any capital offenses under 38 U.S.C. § 2411.

Veteran's signature _____ Date _____

Address _____

City/State/Zip Code _____

Telephone # _____