

## Oklahoma National Cemetery Pre-Registration Form

Veteran's Full Name \_\_\_\_\_ Last Military Rank Held \_\_\_\_\_  
Legal Address [Street Address] \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone \_\_\_\_\_ Sex  M  F  
Date Entered Service \_\_\_\_\_ Date Separated \_\_\_\_\_  
Branch of Service \_\_\_\_\_ Service Number \_\_\_\_\_  
Veteran's Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Type of Discharge \_\_\_\_\_ War of Service  WWI  WWII  Korea  
**Does the Spouse wish to be buried with the Veteran?**  Yes  No  Vietnam  Persian Gulf  None  
Spouse's Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

### If the Spouse is also a Veteran, please complete the following:

Veteran's Full Name \_\_\_\_\_ Last Military Rank Held \_\_\_\_\_  
Legal Address [Street Address] \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone \_\_\_\_\_ Sex  M  F  
Date Entered Service \_\_\_\_\_ Date Separated \_\_\_\_\_  
Branch of Service \_\_\_\_\_ Service Number \_\_\_\_\_  
Veteran's Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Type of Discharge \_\_\_\_\_ War of Service  WWI  WWII  Korea  
 Vietnam  Persian Gulf  None

### PLEASE SUBMIT A LEGIBLE COPY OF THE FOLLOWING:

1. Discharge, Separation Papers (I.E.: DD-214, Form 53-55, NGB Form 22)
2. Marriage certificate (for burial with spouse)

### MAIL TO:

Cremation Society™ of Oklahoma  
Attention: Veterans Registration Desk  
9120 S Toledo Ave, Suite 100  
Tulsa, OK 74104-1842  
FAX: (918) 488-9944



This general information and eligibility criteria is subject to change as necessary. More specific information may be requested. This application is not a reservation of a gravesite or niche. However, a gravesite or niche shall be assigned once death certificates are presented and eligibility is confirmed.

\_\_\_\_\_  
Signature of Veteran

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Next of Kin

\_\_\_\_\_  
Relationship if not Spouse

\_\_\_\_\_  
Telephone Number

### TO BE COMPLETED BY VETERANS CEMETERY OFFICE:

(do not write below this line)

Approved  Pending  Not Approved  Proof of Residency