

**Ulster County Veteran Cemetery (UCVC)**  
**BURIAL REFERRAL**

**I. Name of Deceased:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Residence County: \_\_\_\_\_ Relationship to Veteran: \_\_\_\_\_

**II. Name of Informant/Next of Kin:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

**III. Name of Veteran:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Enlistment Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

If deceased: Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Location of Remains: \_\_\_\_\_

**Informant/Next of Kin Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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***For VSA office use only:***

Referred to: \_\_\_\_\_ **By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(NPRC)

(UCVSA)

Required Documents: \_\_\_\_\_ **File #:** \_\_\_\_\_

Death Certificate of Deceased  Veteran Discharge Record (DD-214)

Death Certificate of Veteran  Proof of Residency

**Referral Determination:**

Request for burial in U.C. Veterans Cemetery:  Approved  Disapproved

Eligible for VA-Issued Bronze Marker:  Yes  No

Responsible Payer of NPRC charges:  UCVSA/VA  Informant

Comments: \_\_\_\_\_