

## BRIGADIER GENERAL WILLIAM C. DOYLE VETERANS MEMORIAL CEMETERY

## PRE-REGISTRATION FORM

(ALL INFORMATION COVERED BY PRIVACY ACT)

PRE REG. NO.:

The rules and regulations of this State Veterans Cemetery state that the Veteran must be honorably discharged and have established legal residence prior to death or have been a legal resident of NJ for at least 50 percent of his/her lifetime.

## VETERANS INFORMATION

Phone Number

VETERAN'S NAME : LAST, FIRST, MI	DATE OF BIRTH:	Address
VET AKA/MAIDEN NAME:	CITY:	
	COUNTY:	

CLAIM NUMBER:

MARITAL STATUS MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>	MEDALS PH <input type="checkbox"/> BS <input type="checkbox"/> SS <input type="checkbox"/>	DISCHARGE AVAILABLE YES <input type="checkbox"/> NO <input type="checkbox"/> ORIG. OR COPY	SERVICE NO: SS NO:
MILITARY STATUS ACTIVE DUTY <input type="checkbox"/> RETIRED <input type="checkbox"/> VETERAN <input type="checkbox"/> RESERVE <input type="checkbox"/>	PERIOD OF SERVICE (cemetery office use only) WWI <input type="checkbox"/> PEACETIME <input type="checkbox"/> WWII <input type="checkbox"/> KOREA <input type="checkbox"/> VIETNAM <input type="checkbox"/>	ACTIVE DUTY DATES ENTERED <input type="checkbox"/> RELEASED <input type="checkbox"/>	RESERVE DATES ENTERED <input type="checkbox"/> RELEASED <input type="checkbox"/>
		HIGHEST RANK	BRANCH

## NEXT OF KIN INFORMATION

PHONE NUMBER	RELATIONSHIP WIFE <input type="checkbox"/> HUSBAND <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER <input type="checkbox"/>
NAME AND COMPLETE ADDRESS	OTHER: DEPENDENTS YES <input type="checkbox"/> NO <input type="checkbox"/> AGE
DOB OF SPOUSE YES OR NO	SS# OF SPOUSE (provide supporting documentation)

## RELIGIOUS DATA

## BURIAL PREFERENCE

RELIGIOUS DENOMINATION CATHOLIC <input type="checkbox"/> PROTESTANT <input type="checkbox"/> JEWISH <input type="checkbox"/> OTHER <input type="checkbox"/>	RELIGIOUS EMBLEM LATIN CROSS (Christian) <input type="checkbox"/> OTHER # _____ NONE <input type="checkbox"/> (#99)	FULL CASKETED BURIAL <input type="checkbox"/> Memorial Marker <input type="checkbox"/> CREMATION IN GROUND <input type="checkbox"/> COLUMBIARIUM (if available) <input type="checkbox"/>
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## BGWCDVMC-BURIAL REGULATIONS

WHEN THE SPOUSE AND/OR DEPENDENT OF A VETERAN PREDECEASES THE VETERAN, INTERMENT AT THE BRIGADIER GENERAL WILLIAM C. DOYLE VETERANS MEMORIAL CEMETERY IS PERMITTED WITH THE STIPULATION THAT UPON THE DEATH OF THE VETERAN HE/SHE AGREES TO BE INTERRED WITH THE SPOUSE AND/OR DEPENDENT.

FAILURE TO COMPLY WITH THIS REGULATION WILL RESULT IN THE DISINTERMENT OF THE VETERAN'S SPOUSE AND/OR DEPENDENT AT THE COST OF THE NEXT OF KIN.

I HAVE READ AND UNDERSTAND THIS REGULATION AND WILL COMPLY.

X \_\_\_\_\_

NJDMA FORM 24P, MAR 2009

**TO PRE-REGISTER: Attach copy of DD 214/separation papers, Discharge Certificates must indicate**

active duty service dates. Proof of NJ residency is required, examples include NJ Driver's License, NJ Voter's Registration Card a paid NJ real estate tax bill, a deed to NJ property, utility bill with the veterans name and NJ address appearing thereon; or other similar documents indicating NJ residency

**COMPLETE THIS FORM AND MAIL BACK TO THE CEMETERY**

B/G WILLIAM C DOYLE VETERANS' MEMORIAL CEMETERY  
350 PROVINCETOWN ROAD  
WRIGHTSTOWN NJ 08562