

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 : <i>LAST, FIRST, MI</i>	DATE OF BIRTH:	Address
VET AKA/MAIDEN NAME:	CITY:	ZIP CODE:
	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 _____ RELEASED _____ HIGHEST RANK _____ BRANCH _____	RESERVE DATES ENTERED _____ RELEASED _____

NEXT OF KIN INFORMATION

PHONE NUMBER	RELATIONSHIP
NAME AND COMPLETE ADDRESS	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"/> OTHER: DEPENDENTS YES <input type="checkbox"/> NO <input type="checkbox"/> AGE _____
DOB OF SPOUSE	VET ALSO 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"/> COLUMBARIUM (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 _____

NJDMAVA 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 PROVINCELINE ROAD
 WRIGHTSTOWN NJ 08562

SECTION VIII - VETERAN STATUS VERIFICATION (FOR BGWCDVM OFFICE USE ONLY)

NEWARK REGIONAL OFFICE

CONTACTS NAME: _____

DATE: _____ TIME: _____

HONORABLE: YES NO

SERVICE CONNECTED DISABILITY YES NO

PERCENTAGE OF COMPENSATION _____ %

NON-SERVICE CONNECTED DISABILITY PENSION YES NO

RECORDS LOCATED IN:		NO RECORD:
<i>RPC ST. LOUIS</i> <input type="checkbox"/>	<i>OTHER</i> <input type="checkbox"/>	<i>CALVERTION</i> <input type="checkbox"/>
CONTACT: _____	CONTACT: _____	CONTACT: _____
DATE: _____	DATE: _____	DATE: _____
TIME: _____	TIME: _____	TIME: _____
VERIFIED BY: _____	VERIFIED BY: _____	VERIFIED BY: _____
HONORABLE: YES <input type="checkbox"/> NO <input type="checkbox"/>	HONORABLE: YES <input type="checkbox"/> NO <input type="checkbox"/>	HONORABLE: YES <input type="checkbox"/> NO <input type="checkbox"/>

NOTES:

BGWCDVMC- BURIAL REGULATIONS IX

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