



Massachusetts Department of Veterans' Services
Massachusetts Veterans' Memorial Cemeteries

1390 Main Street Agawam, MA 01001 111 Glenallen Street, Winchendon, MA 01475
(413)-821-9500 (413)-821-9839 (FAX) (978)-297-9501 (978)-297-4271 (FAX)



APPLICATION FOR INTERMENT REGISTRATION

Please indicate Cemetery preference below

☐

AGAWAM

☐

WINCHENDON

PLEASE READ ALL INSTRUCTIONS AND REQUIREMENTS CAREFULLY. All applications remain the property of the Massachusetts Veterans' Memorial Cemetery. All required documents must be submitted with the original application to the Cemetery in which interment is requested. See back for requirements and procedures.

VETERAN APPLICANT'S NAME AND PERSONAL INFORMATION: (Type or print legibly)

1. FIRST	2. MIDDLE (or initial)	3. LAST	4. SUFFIX (Jr., Sr., etc.)		
5. <u>CURRENT</u> ADDRESS (number, street, apt/unit, city, state and zip). If current address is nursing home or hospital please indicate address for next of kin.		6. HOME PHONE (include area code)			
		7. CELL PHONE (include area code)			
8. DATE OF BIRTH MONTH DAY YEAR	9. SOCIAL SECURITY NUMBER	10. MARITAL STATUS:		11. GENDER:	
		married	never married	widowed	divorced

SPOUSE'S NAME AND PERSONAL INFORMATION:

12. FIRST	13. MIDDLE (or initial)	14. LAST	15. SUFFIX (Jr., Sr. etc.)
16. DATE OF BIRTH MONTH DAY YEAR	17. SOCIAL SECURITY NUMBER	18. WILL THE VETERAN'S SPOUSE BE INTERRED AT THIS CEMETERY?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

VETERAN'S MILITARY SERVICE INFORMATION: ALL DISCHARGE DOCUMENTS MUST BE SUBMITTED

19. BRANCH OF SERVICE (must be consistent with rank)		20. WAR SERVICE (check applicable box(es)) WWII KOREA VIETNAM PERSIAN GULF OTHER (specify)			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
21. SERVICE NUMBER	22. HIGHEST RANK ATTAINED (Documentation required)	PERIOD OF <u>ACTIVE DUTY</u> MILITARY SERVICE If more than one term of enlistment, please list all years served.			
25. VA FILE NUMBER (if available/applicable)		23. DATE ENTERED		24. DATE SEPARATED	
		MONTH DAY YEAR	MONTH DAY YEAR		
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

I certify that all information I have provided on this application and the supporting documentation is true and correct to the best of my knowledge. I certify that I have read and understand all of the requirements and obligations for burial. Signed under the penalty of perjury.
Signature of Veteran, Spouse or Next of Kin: _____ Date: _____

*****DO NOT WRITE BELOW THIS LINE*****

To Completed By D.V.S.

☐

Approved

☐

Pending

☐

Disapproved

Name & Title: _____

Date: _____

Interment Registration Instructions and Requirements for Agawam and Winchendon

PROCEDURE: The following documents must be provided at the time of need:

1. The original, completed Application for Interment Registration
2. Copy of all military service documentation (DD214, et. al) (see below)
3. Residency documentation (see below)
4. Copy of marriage certificate
5. Copy of birth certificates for veteran and spouse.
6. Copy of death certificate.

Veteran must sign and date the application. If veteran is incapable of signing, the spouse or next of kin may do so.

Failure to provide all documentation will delay the processing/approval time.

ELIGIBILITY for a veteran's interment at the cemetery is based on Military Service and Massachusetts Residency.

Military Service:

- The veteran was discharged or released from active duty service (other than for training purposes) under honorable conditions. Certain exceptions do apply. A copy of the DD214 or other detailed military discharge documentation must be provided. **OR**
- The veteran served at least 20 years in the National Guard or United States Reserves and is in receipt of a military pension or has documentation verifying he/she will receive retirement pay at age 60, in accordance with Title 10, Chapter 1223. A copy of Title 10 letter and all other documentation must be provided. **OR**
- Any member of the Armed Forces of the United States who dies on active duty.

Residency:

- "Home of Record at the time of entry into active service" on DD214 is Massachusetts. **OR**
- If "Home of Record at the time of entry into active service" is not listed **OR** veteran entered military service from a state other than Massachusetts proof of Massachusetts residency for at least one day after discharge is required. Acceptable documentation includes a photocopy of Massachusetts driver's license or original letter from city/town clerk verifying residency.

MARRIAGE: Veteran and spouse must be legally married. A former spouse of an eligible veteran whose marriage to that veteran has been terminated by annulment or divorce is **not** eligible.

DEPENDENT CHILDREN: Separate Dependent Child Application for Interment Registration must be submitted.

1. Deceased, unmarried, minor child, under 21 years of age, or under 23 if pursuing a course of instruction at an approved educational institution.
2. Unmarried adult child incapable of self-support with physical or mental disability acquired before age 21, or 23 if pursuing a course of instruction at an approved educational institution, and is totally dependent upon the eligible veteran for support. Letter from the Child's doctor or court documentation stating that child is totally dependent on veteran for support, type of disability and at what age it was acquired is required and must accompany the application. Copy of full, long form birth certificate also required.

FEES:

- There is no charge for the veteran for initial burial.
- A fee (\$300.00 for full casket burial, \$150.00 for cremation burial) subject to change and paid at time of interment will be charged for burial of spouse and qualified dependent(s).
- A \$200 fee, subject to change, will be charged for all disinterments and/or reinterments. A fee may also be charged for the replacement cost to any damaged concrete crypt.