

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:

ZIP CODE:

COUNTY :

CLAIM NUMBER:

MARITAL STATUSMARRIED ☐ WIDOWED ☐ SINGLE ☐DIVORCED ☐ SEPARATED ☐**MEDALS**PH ☐ BS ☐SS ☐**DISCHARGE AVAILABLE**YES ☐ NO ☐

ORIG. OR COPY

SERVICE NO:

SS NO:

MILITARY STATUSACTIVE DUTY ☐RETIRED ☐VETERAN ☐RESERVE ☐**PERIOD OF SERVICE (cemetery office use only)**WWI ☐ PEACETIME ☐WWII ☐KOREA ☐VIETNAM ☐**ACTIVE DUTY DATES**

ENTERED

RELEASED

RESERVE DATES

ENTERED

RELEASED

HIGHEST RANK

BRANCH

NEXT OF KIN INFORMATION

PHONE NUMBER

NAME AND COMPLETE ADDRESS

RELATIONSHIPWIFE ☐ HUSBAND ☐ SON ☐ DAUGHTER ☐MOTHER ☐ FATHER ☐ SISTER ☐ BROTHER ☐

OTHER:

DEPENDENTS YES ☐ NO ☐ AGE

DOB OF SPOUSE

VET ALSO

SS# OF SPOUSE

YES OR NO

(provide supporting documentation)

RELIGIOUS DATA**RELIGIOUS DENOMINATION**CATHOLIC ☐ PROTESTANT ☐ JEWISH ☐OTHER ☐ _____**RELIGIOUS EMBLEM**LATIN CROSS (Christian) ☐

OTHER # _____

NONE ☐ (#99)**BURIAL PREFERENCE**FULL CASKETED BURIAL ☐Memorial Marker ☐**CREMATION**IN GROUND ☐ COLUMBARIUM (if available) ☐**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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