

**APPLICATION FOR BURIAL
IN
ONONDAGA COUNTY VETERANS MEMORIAL CEMETERY**

Date of Application: _____

Name: _____

Gender: _____

Address: _____

Phone: _____

Date of Birth: _____

Date of Death: _____

Date of Burial: _____

Include Copy of DD Form 214, Include Copy of Marriage License

Resident of Onondaga County: _____ If Not, Complete Below:

Address: _____

Include Proof of Previous 5 year Residency (Tax bill, Utility Bill etc.)

SSN: _____ SSN Spouse/Dependent: _____

Service No: _____ VA C# _____

Branch of Service: _____ Rank: _____

War: _____

Date of Entry Into Service: _____ Place: _____

Separation From Service: _____ Place: _____

NOK1: _____ NOK2: _____

Relationship: _____ Relationship: _____

Address: _____

Phone: _____

Spouse Is: Will Be: Buried in Veterans Cemetery:

Dependent Child Is: Will Be: Buried in Veterans Cemetery:

Signature: _____

APPLICATION MUST BE REVIEWED AND ACCEPTED BY THE ONONDAGA COUNTY VETERANS SERVICE AGENCY

Mail to:
Veterans Service Agency, John H. Mulroy Civic Center, 10th Floor, 421 Montgomery Street, Syracuse, NY 13202
315-435-3355
www.ongov.net/veterans