

IOWA DEPARTMENT OF VETERANS AFFAIRS

MILITARY GRAVES RECORD

PLEASE TYPE OR PRINT THIS FORM

RECORD NO.

NAME (LAST, First, Middle)			SOCIAL SECURITY NUMBER		SERIAL NUMBER
CITY OF BURIAL		COUNTY OF BURIAL		DATE of DEATH (Mo, Day, Yr)	
RACE (African American, American Indian, Caucasian, etc.)		AGE (Last Birthday in Years)	DATE OF BIRTH (Mo, Day, Yr)		SEX M / F
LOCATION OF DEATH (City/Town, State, Zip Code, etc.)					
PLACE OF BIRTH				MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, etc. (Specify)	
SPOUSE'S NAME: <i>MAIDEN</i> <i>FIRST</i> <i>MIDDLE</i>					
NUMBER & STREET ADDRESS			STATE		ZIP CODE
P. O. BOX NUMBER	CITY/TOWN			COUNTY	
FATHER'S NAME: <i>LAST</i> <i>FIRST</i> <i>MIDDLE</i>					
MOTHER'S NAME: <i>MAIDEN</i> <i>FIRST</i> <i>MIDDLE</i>					
IMMEDIATE FAMILY (Full names and addresses) (siblings/step-parents)					
BURIAL (cremation, donation, etc.)		CREMATION (disposition)	GRAVE LOCATION (Section, Lot & Block No.)		
CEMETERY NAME		CEMETERY ADDRESS (City, County , State, & Zip Code)			
BURIAL DATE (Month, Day, Year)		FUNERAL HOME NAME			
NUMBER & STREET ADDRESS			CITY/TOWN		
STATE		COUNTY	ZIP CODE	PHONE & FAX NUMBERS	
WAR PERIOD (WW II, Korea, etc.)		BRANCH OF ARMED FORCES		TYPE OF DISCHARGE	
DATE & PLACE OF ENTRY			DATE & PLACE OF RELEASE		
REMARKS:					
SIGNATURE OF COUNTY VETERANS AFFAIRS DIRECTOR/COMMISSIONER				DATE SENT TO IDVA	

Section 35B.19, Code of Iowa (Rev. 07 - 08/02)

*Funeral Directors: Send two copies to the County Commission of Veterans Affairs (county of burial)

*County Commission of Veterans Affairs: Send one copy to the (IDVA) Iowa Department of Veterans Affairs; Camp Dodge, Building 3465; 7105 NW 70th Avenue; Johnston, Iowa 50131-1824