

**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: MAIDEN		FIRST	MIDDLE	
NUMBER & STREET ADDRESS			STATE	ZIP CODE
P. O. BOX NUMBER	CITY/TOWN			COUNTY
FATHER'S NAME: LAST		FIRST	MIDDLE	
MOTHER'S NAME: MAIDEN		FIRST	MIDDLE	
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 70<sup>th</sup> Avenue; Johnston, Iowa 50131-1824