Texas Veterans Land Board

Jerry Patterson, Chairman

TSVC Form 2-1

1-800-252-VETS www.texasveterans.com

Texas State Veterans Cemetery **Pre-Registration Form**

Central Texas State Veterans Cemetery 11463 State Highway 195 Killeen, Texas 76542-4945 Phone: 254-616-1770 Fax: 254-616-1769 Texas State Veterans Cemetery at Abilene 7457 W. Lake Road Abilene, Texas 79601 Phone: 325-673-4446 Fax: 325-673-4448 Rio Grande Valley State Veterans Cemetery 2520 S. Inspiration Road Mission, Texas 78572 Phone: 956-583-7227 Fax: 956-583-7887 Coastal Bend State Veterans Cemetery 9974 IH37 Access Road Corpus Christi, Texas 78410-1408 Phone: 361-248-4830

Fax: 254-616-1769	Fax: 325-673-4448	Fax: 956-583-7887	Fax: 361-248-	-4965
		e appropriate cemetery.		
	VETERAN APPLICANT P	PERSONAL INFORMATION		
Last Name:	Suffix: ☐ I ☐ II ☐ ☐ IV ☐ Jr. ☐	III First Name:	"Middle Name:	
Present Street Address:		City:		
County: State	e: Zip:	Home Phone:	Work Phone:	
Date of Birth (mm/dd/yyyy):	Social Security Number:	Gender: ☐ Male ☐ Female	Marital Status: □ Single □ Married □ D □ Widowed □ Legally Separ	
Service Type Expected (Type of inter Casket	ment can be change later): Cremated (columbarium)	Cremated (In-ground)	Cremated (Scattering Ga	arden)
SPOUSE/FAMI	ILY MEMBER PERSONAL INFO	ORMATION (Complete only if pr	re-registering spouse)	
Last Name:	Suffix: I II		'Middle Name:	
Present Street Address: Home Phone:	City: Work	County: S Phone:	tate: Zip:	
Date of Birth (mm/dd/yyyy):	Social Security Number	Gender: Male Female	Marital Status: □ Single □ Married □ D □ Widowed □ Legally Separ	
Service Type Expected (Type of inter Casket	rment can be change later): Cremated (columbarium)	☐ Cremated (In-ground)	☐ Cremated (Scattering Ga	arden)
	VETERAN'S MILITARY	SERVICE INFORMATION		
Branch of service (must be consistent Army Marine Corps		r Force	☐ Merchant Marine ☐ Othe	er
Period of Service: Persian Gulf Vietnam	☐ Korea ☐ Wo	orld War II National Guard of (20 years of qualifying		er
Service/Social Security Number:		Highest Rank Attain	ned:	
PERIODS OF ACTIVE DUTY MII	LITARY SERVICE (If more than	4 active duty periods, enter the lo		
1 st Period Entry Date (mm/dd/yyy)	Separation Date (mm/dd/y	yyyy) 2 nd Period Entry Date (m	nm/dd/yyyy) Separation Date	
3 rd Period Entry Date (mm/dd/yyyy)	Separation Date (mm/dd/y	ryyy) 4 th Period Entry Date (mr	m/dd/yyyy) Separation Date	
I certify that all information I have provided on t	this application and the supporting documentati	ion is true and correct to the best of my kno	wledge.	
SIGNATURE OF APPLICANT:				
TI	HIS PORTION TO BE COMPLET	FED BY CEMETERY PERSON	NNEL:	
"				
NAME: APPLICATION IS:	TITLE: Der		DATE:	-
Reason:	If approved, date	e confirmation sent to applicant		