

CERTIFICATE OF BURIAL OF U.S. WAR VETERAN
(Please Print or Type)

NAME: LAST FIRST MIDDLE			SOCIAL SECURITY #	
DATE AND PLACE OF BIRTH (Date, City, County, State)			DATE AND PLACE OF DEATH (Date, City, County, State)	
NEXT OF KIN			ADDRESS (Street/PO Box/Unit/ Apt, City, County, State, Zip)	
DATE OF ENLISTMENT (MO/DY/YR)	DATE OF DISCHARGE (MO/DY/YR)	BRANCH OF SERVICE	CHARACTER OF DISCHARGE	SERIAL NUMBER
NAME OF CEMETARY		ADDRESS (City, County, State, Zip)		CREMATED Y / N
				DATE OF BURIAL / CREMATION (MO/DY/YR)
FUNERAL HOME			ADDRESS (Street/PO Box/Unit/ Apt, City, County, State, Zip)	
COMMENTS / MISC:				
Revised 5/23 IL 497-0005		IMPORTANT NOTICE – This State Agency is requesting disclosure of information necessary to accomplish the statutory purpose of 410 ILCS 535/18. In as much as the information is required, failure to provide same will prevent maintenance of the Roll of Honor as mandated. Form approved by FMC.		