



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
**RIVMC** Rhode Island Veterans Memorial Cemetery  
OFFICE OF VETERANS AFFAIRS

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Dear Sir or Madam,

Thank you for contacting the Rhode Island Veterans Memorial Cemetery. Attached please find the RIVMC Interment Application that will assist us in determining your eligibility for burial. Once you have completed the forms and located the requested documentation, please return them to us via mail, fax, e-mail or hand-delivery to **301 South County Trail, Exeter, RI 02822**. The form can also be completed online at [www.vets.ri.gov](http://www.vets.ri.gov) under the "Memorial Services" section.

Eligibility requirements for burial at Rhode Island Veterans Memorial Cemetery are as follows:

1. **Honorable Service AND**
2. **Entry into the service from Rhode Island OR two (2) consecutive years Rhode Island residency prior to death AND**
3. **Two (2) or more consecutive years of active duty during peacetime OR twenty (20) years of National Guard or Reserve time OR active duty during wartime for which a Campaign or Expeditionary Medal was awarded.**

Veterans' service records, including the DD-214 can be requested from the National Archives at <https://www.archives.gov/veterans/military-service-records>. Upon receipt of the completed application, we will review the documentation. When a determination is made, you will receive a letter indicating your eligibility. Determinations are usually made within two weeks of receipt of the interment application. Please feel free to contact us if you have not received a timely response or if you have any questions. We can be reached Monday through Friday, 8:30am to 4:00pm at 401-268-3088.

Spouses and dependent children may be buried with an eligible veteran. No charges will be incurred for the veteran, but a liner fee for the spouse and dependent child will apply. For common law marriages and documentation pertaining to dependent children, please contact us. If we have any questions or need additional information, we will reach out to you so please be sure to include current contact information.

If you have further questions, please do not hesitate to call.

James A. Bessel, Administrator  
Rhode Island Veterans Memorial Cemetery



# Rhode Island Veterans Memorial Cemetery

## APPLICATION FOR INTERMENT

**Rhode Island Veterans Memorial Cemetery**  
**301 South County Trail**  
**Exeter, RI 02822**  
**TEL: (401) 268-3088 FAX: (401) 295-8797**  
**Vets.rivmc@vets.ri.gov**

**PLEASE READ ALL INSTRUCTIONS AND REQUIREMENTS.** All required documents with the original application must be submitted to the RIVMC. See page 2 for requirements and procedures. This form must be completed in its entirety.

**VETERAN APPLICANT'S NAME, PERSONAL AND SERVICE INFORMATION: (Type or print legibly)**

1. FIRST		2. MIDDLE (or Initial)		3. LAST (Legal Last Name; not Maiden Name)		4. SUFFIX	
5. DATE OF BIRTH MONTH DAY YEAR		6. SOCIAL SECURITY NUMBER - -		7. MARITAL STATUS: MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> NEVER <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/>		8. GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
9. MILITARY STATUS: VETERAN <input type="checkbox"/> RETIRED <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/>		10. BRANCH OF SERVICE (must be consistent with rank) ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER (SPECIFY) _____		11. WAR SERVICE: (must be consistent with discharge & Federal guidelines) WWII <input type="checkbox"/> KOREA <input type="checkbox"/> VIETNAM <input type="checkbox"/> PERSIAN GULF <input type="checkbox"/> OTHER (SPECIFY): _____			
12. SERVICE NUMBER		13. HIGHEST RANK ATTAINED (including Reserve, provide document)		14. LAST NAME ON DD-214 IF DIFFERENT THAN ABOVE			
15. PERIOD(S) OF <b>ACTIVE DUTY</b> MILITARY SERVICE: Entry date(s) and place: _____ Discharge date(s) and place: _____				16. If <b>Retired Military</b> (Active or Reserve), date of retirement: _____			

**SPOUSE'S NAME AND PERSONAL INFORMATION:**

17. FIRST		18. MIDDLE (or Initial)		19. LAST (Legal Last Name; not Maiden Name)		20. SUFFIX	
21. DATE OF BIRTH MONTH DAY YEAR		22. SOCIAL SECURITY NUMBER - -		23. WILL VETERAN'S SPOUSE ALSO BE INTERRED AT THIS CEMETERY? YES <input type="checkbox"/> NO <input type="checkbox"/>		24. IS SPOUSE ALSO A VETERAN? (Documentation <u>must</u> be provided at this time) YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IF SPOUSE IS ALSO A VETERAN, PLEASE CHOOSE ONE OF THE FOLLOWING: I DESIRE TO BE INTERRED WITH VETERAN <input type="checkbox"/> <b>OR</b> (Only if eligible and all documentation received prior to Veteran spouse burial, otherwise will be in same gravesite) I DESIRE ADJACENT GRAVE OF MY OWN <input type="checkbox"/>							

**PERSON LEGALLY RESPONSIBLE FOR THESE ARRANGEMENTS:**

I hereby certify under the penalty of perjury that all information I have provided on this application and the supporting documentation is true and correct to the best of my knowledge.

I acknowledge that Federal Law prohibits persons who have been convicted of certain crimes from being buried in Federally funded state Veteran Cemeteries and certify to the best of my knowledge and belief that the above-named Veteran was never convicted of a Federal or State capital crime for which a sentence of imprisonment for life or the death penalty may be imposed and was never sentenced to a minimum of life imprisonment upon conviction of any sex offense. 38 U.S.C. §2411 Summary Persons Found Guilty of a Capital Crime and Persons Convicted of Certain Sex Offenses

I acknowledge that any falsification of information, or my failure to disclose any information I am aware of that would have made an individual ineligible for interment, could result in that individual being removed from the RIVMC at my own expense.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

26. RELATIONSHIP TO VETERAN	
27. FIRST	28. MIDDLE (or Initial)
29. LAST	30. SUFFIX
31. CURRENT ADDRESS (Number, Street, City, State, Zip)	
32. PHONE NUMBER(S) Home: _____ Cell: _____	
33. EMAIL	

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

**To Be Completed By RIVMC: Only Applications approved by RIVMC Staff are valid.** Approved  Disapproved

Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_



## Interment Application Instructions and Requirements for Rhode Island Veterans Memorial Cemetery

**BEFORE SCHEDULING SERVICE**, the following documents must be provided:

1. The original, completed Application for Interment Registration and Burial Preference Worksheet.
2. Copy of all military service documentation (DD214, *et al.*), and military valor award documentation (i.e. Purple Heart, etc.)
3. Residency documentation (see below).
4. Official signed copy of marriage certificate or legal proof of marriage (state/IRS tax return or completed Death Certificate). If spouse is also a Veteran, a separate application with supporting documentation must be completed at this time.

**ELIGIBILITY** for a Veteran's interment at the cemetery is based on **Military Service** and **Rhode Island Residency**.

**Military Service:** (Veteran service records may be requested at <https://www.archives.gov/Veterans/military-service-records>)

- The Veteran was discharged or released from active duty service (other than for training purposes) under honorable conditions. Must be two years of active service during peacetime or active service during a wartime period for which a Campaign or Expeditionary Medal was awarded. Certain exceptions apply. Visit [https://www.cem.va.gov/ce/burial\\_benefits/eligible.asp](https://www.cem.va.gov/ce/burial_benefits/eligible.asp) for complete eligibility requirements. A copy of the DD214 or other detailed military discharge documentation must be provided. **OR**
- The Veteran served at least 20 years in the National Guard or Reserve and received retired pay or has documentation verifying he/she will receive retired pay at age 60, in accordance with Title 10, Chapter 1223. A copy of Title 10 letter and all other documentation must be provided. **OR**
- Any member of the Armed Forces of the United States who dies while serving honorably on active duty.

**Residency:**

- "Home of Record at the time of entry into active service" on DD214 is Rhode Island. **OR**
- If "Home of Record at the time of entry into active service" is not listed **OR** Veteran entered military service from a state other than Rhode Island, proof of Rhode Island residency for at least two years after discharge is required. Acceptable documentation includes a photocopy of Rhode Island driver's license, voter registration records or state/IRS tax forms showing two years of residency.

**MARRIAGE:** Veteran and spouse must be legally married. Any former spouse of an eligible Veteran whose marriage to that Veteran has been terminated by annulment or divorce is **not** eligible.

**DEPENDENT CHILDREN:** A separate Dependent Child Application for Interment must be submitted at the time of application for Veteran and/or spouse to ensure interment.

1. Deceased, unmarried, dependent minor child, under 21 years of age, or under 23 if pursuing a course of instruction at an approved educational institution.
2. Unmarried adult child incapable of self-support with physical or mental disability acquired before age 21, or 23 if pursuing a course of instruction at an approved educational institution and is totally dependent upon the eligible Veteran for support. Required documents include: (i) letter from the Child's doctor or court documentation stating that child is totally dependent on Veteran for support, type of disability and at what age it was acquired, (ii) Social Security Disability Award Letter and (iii) copy of the full birth certificate.

**FEES:**

- There is no charge for the Veteran for initial burial.
- A liner fee (\$200.00 for full casket burial, \$100.00 for cremation burial) subject to change and paid at time of interment will be charged for burial of spouse and qualified dependent(s). Checks made out to the **RI Veterans Home Fund**. (\$35 returned check fee)

**PERSONS FOUND GUILTY OF A FEDERAL OR STATE CAPITAL CRIME, ARE INELIGIBLE.**

**\*38 U.S.C. §2411 Summary Persons Found Guilty of a Capital Crime and Persons Convicted of Certain Sex Offenses**

Under 38 U.S.C. § 2411, interment or memorialization in a VA national cemetery or in Arlington National Cemetery is prohibited if a person is convicted of a Federal or State capital crime, for which a sentence of imprisonment for life or the death penalty may be imposed and the conviction is final. Federal officials may not inter in Veterans cemeteries persons who are shown by clear and convincing evidence to have committed a Federal or State capital crime but were unavailable for trial due to death or flight to avoid prosecution. Federally funded State Veterans cemeteries must also adhere to this law. This prohibition is also extended to furnishing a Presidential Memorial Certificate, a burial flag, and a headstone or marker. Under 38 U.S.C. § 2411, interment or memorialization in a VA national cemetery or in Arlington National Cemetery is prohibited if a person is convicted of a Tier III sex offense, who was sentenced to a minimum of life imprisonment and whose conviction is final. Federally funded State and Tribal organization Veterans cemeteries must also adhere to this law. This prohibition also applies to Presidential Memorial Certificate, burial flag, and headstone and marker benefits.

**UPON ARRIVAL FOR SERVICE:** The following documents must be presented before or upon arrival, or service **may** be rescheduled.

- Original Cremation Certificate **or** Original Burial Transit Permit.
- **COMPLETED** and **SIGNED** Claim for Standard Government Headstone or Marker, VA Form 40-1330. (Flat Granite marker only)
- Death Certificate.
- Original Interment Application and check for any applicable liner fees.

I certify under the penalty of perjury that I have read and understand all of the rules, regulations, requirements and obligations for interment in the Rhode Island Veterans Memorial Cemetery.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RELATIONSHIP TO VETERAN: \_\_\_\_\_