

## PRE-REGISTRATION

### - Completing the Application—

Pre-registration allows the Veteran to establish, in advance, his/her eligibility for interment at one of the Tennessee State Veterans Cemetery locations. There is no cost for pre-registration and it does not obligate the veteran to be interred at the cemetery, nor does it reserve a specific plot or location within the cemetery. Pre-registration is intended to simplify and assist the Veteran's next-of-kin at the time of death.

Supporting documentation must accompany the application. Please note, the application is not in lieu of providing the Veteran's Cemetery with a copy of DD214 or equivalent discharge documentation. If the eligible spouse wishes to be interred in the Veterans Cemetery, then a copy of the marriage certificate must be included when submitting the application. **DO NOT SEND ORIGINALS.**

In certain circumstances, dependent children may also be eligible for interment. Please contact the Veteran's Cemetery office for more information regarding dependent children.

The person completing the application will sign and date the form. Mail this application along with the supporting documents to the cemetery location of your choice and allow 4-6 weeks for processing.

Upon approval a copy of the decision will be either mailed to the address listed on the application or email if one was included with the application. Retain a copy of the approval for your records.

For questions, please contact the appropriate office listed on the front side of this brochure.



The Tennessee Department of Veterans Services does not discriminate on the basis of race, sex, religion, color, nationality or ethnic origin, age, disability either in its policies or in the admission or access to its programs, services or activities, nor in its treatment or employment opportunities.

**Many-Bears Grinder**  
**Commissioner**  
**Tennessee Department of Veterans Services**  
**Tennessee Tower, 13th Floor**  
**312 Rosa L. Parks Avenue**  
**Nashville, TN 37243-1102**  
**615-741-2931**

## PRE-REGISTRATION FOR INTERMENT



### TN Department of Veterans Services

**7931 McCrory Lane**  
**Nashville, TN 37221**

Phone: (615) 532-2238

Fax: (615) 532-2241

Email: [mtsv.cemetery@tn.gov](mailto:mtsv.cemetery@tn.gov)

**4000 Forest Hill-Irene Road**  
**Memphis, TN 38125**

Phone: (901) 543-7005

Fax: (901) 543-7141

Email: [wtsv.cemetery@tn.gov](mailto:wtsv.cemetery@tn.gov)

**2200 East Governor John Sevier Hwy 168**  
**Knoxville, TN 37920**

Phone: (865) 577-3228

Fax: (865) 573-3630

Email: [etsv.cemetery@tn.gov](mailto:etsv.cemetery@tn.gov)

**For Your Convenience:** You can obtain a copy of the application at:  
[www.tn.gov/veteran](http://www.tn.gov/veteran)

**SECTION 1 (Veteran Information)**

Veteran's Name:

\_\_\_\_\_

Last,                      First                      Middle

Suffix (Jr, Sr) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN#: \_\_\_\_\_

Service# (If Known): \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Period of Service: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

Date of Separation \_\_\_\_\_

Rank/Pay Grade: \_\_\_\_\_

Character of Discharge: \_\_\_\_\_

Please submit a copy of your DD214 or NGB22 with application.

Married    Single    Divorced    Widowed

Do you anticipate that either your spouse or dependent child will be interred at the cemetery:

Yes                       No

If yes, please complete sections 2 and/or 3.

**SECTION 2 (Spouse Information)** Complete only if spouse plans to be interred with the Veteran.

Spouse's Name:

\_\_\_\_\_

Last,                      First                      Middle

Date of Birth: \_\_\_\_\_

SSN#: \_\_\_\_\_

Check if spouse is a Veteran or currently serving in the military.

If spouse is also a Veteran, a separate application is required.

Please submit a copy of your marriage license if applicable.

**SECTION 3 (Dependent Child Information)**

Child's Name:

\_\_\_\_\_

Last,                      First                      Middle

Date of Birth: \_\_\_\_\_

SSN#: \_\_\_\_\_

Please submit a copy of the child's birth certificate if applicable.

**SECTION 4 (Contact Information)**

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City,                      State,                      Zip

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I certify that all information provided on this application and the supporting documents are true and correct to the best of my knowledge:

\_\_\_\_\_

Signature of Applicant/ Date

\_\_\_\_\_

<p><b>FOR USE BY TDVS:</b></p> <p>RECEIVED: _____</p> <p>APPROVED: _____</p> <p>NOTIFIED: _____</p>
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