



National Cemetery Scheduling Office

(800) 535-1117



Before You Call Checklist

To help expedite your call to the National Cemetery Scheduling Office (NCSO), please obtain the information listed in the checklist below.

In advance of the call to schedule services, you may also fax discharge or other documents to (866) 900-6417.

Information Type	Information Details	Response
Cemetery Information		
National cemetery requested	Name of cemetery:	
Is this burial a first or second interment <i>If second (subsequent) interment, previous decedent information is required</i>	First or second:	
Previous Decedent Information		
Previous decedent's full name	First name, middle name, and last name:	
Previous decedent's social security number	Social security number:	
Previous decedent's date of birth	Date of birth:	
Previous decedent's date of death	Date of death:	
Veteran Information		
Veteran's full name	First name, middle name, and last name:	
Veteran's social security number	Social security number:	
Veteran's date of death	Date of death:	
Veteran's date of birth	Date of birth:	
Veteran's branch of service	Branch of service:	
Military rank	Rank:	
Marital status	Married/divorced/never married/widowed/other:	
Gender of Veteran - Male or Female	Male/female:	
Race of Veteran	Race:	
Decedent Information		
Relationship to Veteran	Self (Veteran)/spouse/child/other:	
Decedent's full name	First name, middle name, and last name:	
Decedent's social security number	Social security number:	
Date of birth	Date of birth:	
Date of death	Date of death:	
Decedent address	Address/state/zip code:	
Home of record in service area	Home within 75 miles of cemetery:	
Decedent Gender	Gender:	
Marital status	Married/divorced/never married/widowed/other:	
Funeral Home Information		
Funeral home name	Funeral home name:	
Funeral home identification number	Funeral home identification number:	
Funeral home address	Address/state/zip code:	
Funeral home contact full name	First name, middle name, and last name:	
Funeral home contact email address	Email address:	
Funeral home phone number	Phone number:	
<p><i>Fax discharge documents and death certificate of Veteran and prior decedent, as applicable, to (866) 900-6417</i></p> <p><i>Death certificate of previous decedent is required to validate legal marital status, if documents are not available within NCSO records</i></p>		

Information Type	Information Details	Response
Marital Status and Surviving Spouse Information		
Surviving spouse information	First name, middle name, and last name:	
If no surviving spouse, name of decedent's next of kin	First name, middle name, and last name:	
Relationship to decedent	Spouse/child/other:	
Social security number of spouse	Social security number:	
Date of birth of spouse	Date of birth:	
Veteran status of spouse	Veteran status of spouse:	
Request for set-aside grave	Yes/no:	
Does the Veteran have any adult dependent children, who are mentally or physically disabled	Yes/no:	
Information Type	Information Details	Response
Adult Dependent Child		
Adult dependent child's full name	First name, middle name, and last name:	
Adult dependent child's social security number	Social security number:	
Adult dependent child's date of birth	Date of birth:	
Interment Details		
Type of remains	Casket/urn:	
Liner type	Standard government/private vault:	
Liner size: <i>Small - 60L x 20W x 18D</i> <i>Regular - 86L x 30W x 28D</i> <i>Extra Large - 86L x 38W x 28D</i> <i>Oversized - 88L x 34W x 27D</i> <i>Jumbo - 98L x 44W x 30D</i>	Small/regular/ extra large/oversized/jumbo:	
Urn dimensions: <i>Niche size - 9L x 13W x 18 D</i>	Dimensions:	
Federal Law Information		
Response to the question <i>"To the best of your knowledge, has the decedent ever committed a capital crime?"</i>	Yes/no:	
Response to the question <i>"To the best of your knowledge, has the decedent ever been convicted of a sexual offense of which he or she was sentenced to a minimum of life in prison?"</i>	Yes/no:	
Military Honors Information		
Request for military honors	Yes/no:	
Branch of service requested	Branch of service:	
Request for committal service	Yes/no:	
Emblem of Belief Information		
Request for a religious emblem of belief for the marker	Yes/no/not at this time:	
Selection of the emblem of belief	Selection:	
Scheduling Information		
Method of delivery to cemetery	Funeral home/family:	
Name of individual who is scheduling military honors	Name:	
Preferred date and time of the scheduled service	Date/time:	
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