



New Mexico State Veterans Cemetery Program Pre-Application for Burial in a State Veteran Cemetery

Veteran Information

Name: (As shown on the Service Records, DD214): _____

Service Number or SSN: _____ Date of Birth _____ Gender _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____

Branch of Service: _____ Rank: _____ Dates of Service: From: _____ To: _____

Submit DD-214/Discharge Document - Marriage Certificate (if Applicable)

Next of Kin Information

Name: _____ Relationship: _____ Date of Birth: _____

Address: (if Different from above) _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____

Email: _____

Secondary Contact information (children-family friend-executor)

Name _____ Relationship _____ Phone _____

Funeral Information

Name of Funeral Home/Mortuary (if arrangements have been made): _____

Name of Contact Person: _____ Phone# _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Burial/Interment: Casket _____ Cremation: _____ Headstone Belief Emblem: _____

Desired State Cemetery Location: Ft. Stanton: ___ Gallup: ___ Angel Fire: ___ Carlsbad: ___

Ft. Stanton NM 505-205-6707 stephen.mcconnell@dvs.nm.gov

Gallup NM 505-905-9771 gilbert.lopez@dvs.nm.gov

Angel Fire NM 505-225-4341 randal.myklebust@dvs.nm.gov

Mail Pre-Application to the following address:

New Mexico Department of Veterans Services State Veterans Cemetery Program 407 Galisteo, Room 142 Santa Fe, New Mexico 87501 Phone: 1-866-433-8387