

**IOWA DEPARTMENT OF VETERANS AFFAIRS  
MILITARY GRAVES RECORD**

**PLEASE TYPE OR PRINT THIS FORM**

**RECORD NO.**

NAME (LAST, First, Middle)		SOCIAL SECURITY NUMBER		SERIAL NUMBER	
CITY OF BURIAL		COUNTY OF BURIAL		DATE of DEATH (Mo, Day, Yr)	
RACE (African American, American Indian, Caucasian, etc.)		AGE (Last Birthday in Years)		DATE OF BIRTH (Mo, Day, Yr)	
				SEX M / F	
LOCATION OF DEATH (City/Town, State, Zip Code, etc.)					
PLACE OF BIRTH				MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, etc. (Specify)	
SPOUSE'S NAME: MAIDEN		FIRST		MIDDLE	
NUMBER & STREET ADDRESS			STATE		ZIP CODE
P. O. BOX NUMBER		CITY/TOWN			COUNTY
FATHER'S NAME: LAST FIRST MIDDLE					
MOTHER'S NAME: MAIDEN FIRST MIDDLE					
IMMEDIATE FAMILY (Full names and addresses) (siblings/step-parents)					
BURIAL (cremation, donation, etc.)		CREMATION (disposition)		GRAVE LOCATION (Section, Lot & Block No.)	
CEMETERY NAME		CEMETERY ADDRESS (City, County, State, & Zip Code)			
BURIAL DATE (Month, Day, Year)		FUNERAL HOME NAME			
NUMBER & STREET ADDRESS			CITY/TOWN		
STATE		COUNTY		ZIP CODE	PHONE & FAX NUMBERS
WAR PERIOD (WW II, Korea, etc.)		BRANCH OF ARMED FORCES			TYPE OF DISCHARGE
DATE & PLACE OF ENTRY			DATE & PLACE OF RELEASE		
REMARKS:					
SIGNATURE OF COUNTY VETERANS AFFAIRS DIRECTOR/COMMISSIONER				DATE SENT TO IDVA	

Section 35B.19, Code of Iowa (Rev. 07 - 08/02)

\***Funeral Directors:** Send two copies to the County Commission of Veterans Affairs (county of burial)

\***County Commission of Veterans Affairs:** Send one copy to the (IDVA) Iowa Department of Veterans Affairs; Camp Dodge, Bldg. 3663; 7105 NW 70<sup>th</sup> Avenue; Johnston, Iowa 50131-1824