

# Ulster County Veteran Cemetery

c/o New Paltz Rural Cemetery, 81 Plains Road, New Paltz, NY 12561

## VETERAN SPOUSE MARKER REQUEST

1) NAME of DECEASED to be INSCRIBED on MARKER (NO Nicknames or Titles Permitted)

First (or Initial)	Middle (or Initial)	Last	Suffix

Grave is:  Unmarked  Adjacent  Combined

Type of Marker Requested:  Flat Bronze (B) 12" x 24"  Niche 9" x 6"

Desired Emblem or Belief:  None **Emblem # & Description** (see reverse): \_\_\_\_\_

Inscription (any desired within limited space):

Date of Birth			Date of Death		
Month	Day	Year	Month	Day	Year

2) Name & Mailing Address of Applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Fax #: \_\_\_\_\_

Applicant is:  Veteran  Veteran's Spouse  Other NOK \_\_\_\_\_

**Certification:** By signing below I certify the marker will be installed in the Ulster County Veterans Cemetery located at the New Paltz Rural Cemetery at no expense to the Government and all information entered on this form is true and correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

3) a. Name & Delivery Address of Business (Consignee) that will accept Prepaid Delivery:

\_\_\_\_\_  
\_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

b. Printed Name & Signature of Person Representing Business Consignee: \_\_\_\_\_  
Date \_\_\_\_\_

c. Printed Name & Signature of UC VSA Official: \_\_\_\_\_  
Date \_\_\_\_\_

VSO Phone #: \_\_\_\_\_

d. If remains are not interred, please explain:

Section Grave #: \_\_\_\_\_ UC VSA File #: \_\_\_\_\_