



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: | |
| <i>Fax discharge documents and death certificate of Veteran and prior decedent, as applicable, to (866) 900-6417 Death certificate of previous decedent is required to validate legal marital status, if documents are not available within NCSO records</i> | | |