



DEPARTMENT OF VETERANS AFFAIRS
Calverton National Cemetery
210 Princeton Boulevard
Calverton, NY 11933-1031

February 5, 2018

Dear Funeral Director:

Recently, the National Cemetery Scheduling Office has been experiencing delays in receiving your incoming calls for eligibility determinations and to schedule interments. To support our funeral directors, effective February 6, 2018, our staff is available to help schedule subsequent, 2nd interment, services at Calverton National Cemetery on a temporary basis,

1. Our representatives are available to schedule interment from 9 a.m. – 2 p.m. Monday to Friday at 631-727-5410.
2. We require the usual 48 hour notification on all subsequent interment requests in order to prepare that respective gravesite.
3. Attached is an Interment Application Worksheet to assist you in providing the required information necessary for our office to schedule the interment. Please Fax this sheet to Calverton at 631-369-4397, prior to your call.
4. Please note that this is a temporary service which will resume with the National Scheduling Office.

Our mission at Calverton National Cemetery is to honor Veterans and their families with final resting places in national shrines and with lasting tributes that commemorate their service and sacrifice to our Nation.

Sincerely,

A handwritten signature in black ink that reads "Michael G. Picerno".

Michael G. Picerno
Executive Cemetery Director

SUBSEQUENT INTERMENT APPLICATION WORKSHEET

Decedent ID# _____

DECEDENT INFORMATION					
1. Decedent's Name			2. SSN		
3. Date of Death	4. Date of Birth	5. Gender Male Female	6. Relationship vet spouse dep child		
7. Marital Status	8. Home of Record	9. Religious Emblem:	10. Is there a Dependent Child? Yes No If yes, provide information in BOX 39.		
11. Did the deceased ever commit a capital crime? Annotate the response in remarks? Yes No If yes, provide information in BOX 39.					
12. Has the deceased ever been convicted of a sexual offense in which he/she had a minimum sentence of life imprisonment? Yes No If yes, provide information in BOX 39.					
FUNERAL HOME INFORMATION					
13. Contact		14. F.H. ID #	15. Telephone		
16. Address			17. FAX		
18. Email Address					
NEXT OF KIN INFORMATION					
19. Name			20. Relationship to Decedent		
21. SSN	22. Date of Birth		23. Telephone		
24. Address					
SCHEDULING INFORMATION					
25. Interment Date	26. Day of Week Mon Tue Wed Thur Fri			27. Time	
28. Family Attending: Yes No	29. No One in Attendance (NOA): Yes No		30. Military Honors Yes No		
31. Casket Burial: Casket Width Required: _____ GP9 (Crypt) GL _____			32. Cremation Burial Columbarium In-ground		
33. Private Vault: Yes No Type: _____ Vendor: _____					
Previous Interment					
34. Name:		35. Vet Dep	36. Decedent ID #	37. Sec	38. Grave
39. Remarks:					
VETERAN INFORMATION					
40. Veteran's Name			41. Discharge Form #		
42. Social Security Number		43. VA Claim Number		44. Service Number	
45. Branch	46. RANK		47. Entered	48. Separation	