

**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: <i>MAIDEN</i>		<i>FIRST</i>	<i>MIDDLE</i>
NUMBER & STREET ADDRESS		STATE	ZIP CODE
P. O. BOX NUMBER	CITY/TOWN	COUNTY	
FATHER'S NAME: <i>LAST</i>		<i>FIRST</i>	<i>MIDDLE</i>
MOTHER'S NAME: <i>MAIDEN</i>		<i>FIRST</i>	<i>MIDDLE</i>
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. A6A; 7105 NW 70<sup>th</sup> Avenue; Johnston, Iowa 50131-1824