



Wesley Chapel Cemetery

Veterans Columbarium Interment Form

Applicants must meet eligibility requirements as outlined in the Wesley Chapel Cemetery Brochure.

Interment Request Type: **Veteran** **Spouse**

Veteran Information

Name _____

Address _____

City, State, & Zip Code _____

Phone Number _____ Email _____

Service Record (Required: A copy of the Veterans DD214 form)

Branch _____ Rank at Separation _____ Entry Date _____ Separation Date _____

Spouse Information (Required: A copy of the marriage license for spouse interment.)

Name _____

Address _____

City, State, & Zip Code _____

Phone Number _____ Email _____

Contact Information (Complete only if someone other than the Veteran should be contacted about the information on this form.)

Name _____

Address _____

City, State, & Zip Code _____

Phone Number _____ Email _____

Authorization

I certify to the best of my knowledge, that all of the information provided on this form as well as the supporting documentation are true and correct.

Signature

Date

If not the Veteran, relationship to the Veteran _____

Contact the Wesley Chapel Cemetery office at 614-876-2236 or by email at wesleychapel@norwichtownship.org.