

# VETERANS CEMETERY

## AUTHORIZATION TO ENTER INTO THE CHOCTAW NATION OF OKLAHOMA VETERANS CEMETERY

Requesting Burial for: (First, Middle Initial, Last Name)

### INFORMATION OF PERSON(S) MAKING REQUEST

Name (First, Middle Initial, Last Name):

Address (Street, City, Zip):

Contact Number:

Relationship:

### TO BE COMPLETED BY VETERANS ADVOCACY DEPARTMENT

Section:

Row:

Grave:

I/We the undersigned do hereby state and affirm that I/we am/are of sound mind and legally authorized to make this declaration and that I/we hereby hold the Choctaw Nation of Oklahoma Veterans Cemetery harmless of the same and do so in accordance with the guideline set by the Choctaw Nation Veterans Advocacy Department.

Family Member's Signature:

Family Member's Signature:

Witness:

Date Signed:

580-924-8280 | 800-522-6170 | 1802 CHUKKA HINA DRIVE | DURANT, OK 74701

