

COMPLETE IN FULL**APPLICATION FOR WAR VETERAN BURIAL IN FIELDS OF HONOUR**_____
(SURNAME)_____
(OTHER NAME AND INITIAL)_____
(DATE OF BIRTH)_____
(AGE)_____
(DATE OF DEATH)_____
(PLACE OF BIRTH)_____
(PLACE OF DEATH)_____
(LAST KNOWN NEXT-OF-KIN)_____
(RELATIONSHIP)_____
(ADDRESS OF NEXT-OF-KIN)_____
(BURIAL TO BE FINANCED BY
LAST POST FUND OR FAMILY)_____
(COUNTRY FOR WHICH MILITARY
SERVICE PERFORMED)_____
(MILITARY COMPONENT – I.E.,
ARMY, NAVY, AIR, COAST GUARD)_____
(SERVICE NUMBER)_____
(RANK)_____
(BRANCH OF SERVICE – I.E., RCN,
RCNVR, RCME, RCASC, ETC.)_____
(WAR SERVICE: 14-18; 39-45; 50-53)_____
(OTHER INFORMATION: DECORATIONS, MEDALS, ETC.)**GRAVE INFORMATION:**Woodland
(CEMETERY)_____
(SECTION)_____
(ROW)_____
(LOT NO.)

PLEASE NOTE: Proof of Service and payment for Upright Monument (see Application for Upright Monument for amounts) must accompany all family-paid Applications for Burial in Fields of Honour.