

Application for Burial expenses of a Deceased Service Man's Widow

Under Subdivision (b) of Article 19 of "The County Code" of 1955 As Amended

APPLICATION

PART I - Affidavit supporting Burial Claim, to be executed by Personal Representative, Next of Kin, Individual, or Veterans' Organization I (We) hereby make application for the Burial Expenses of a Widow of a Deceased Service Man, as provided by Subdivision (b) Article 19 of "The County Code" of 1955, as amended in the amount of \$\_\_\_\_\_, and hereby certify that the facts set forth below are true and correct to the best of my (our) knowledge and belief:

1. (a) Full name of deceased widow \_\_\_\_\_
(b) Date of Death \_\_\_\_\_ (c) Place of Death \_\_\_\_\_
(d) Legal residence at time of death was \_\_\_\_\_
(Street and Number)
\_\_\_\_\_ County of \_\_\_\_\_, Pa.
(City, Borough, Town or Township)

She resided at this address for \_\_\_\_\_ years and \_\_\_\_\_ months immediately prior to her death.

(e) Date of Burial \_\_\_\_\_ (f) Place of Burial \_\_\_\_\_
2. (a) Name of deceased husband \_\_\_\_\_
(b) The veteran served during the \_\_\_\_\_ War. Rank \_\_\_\_\_
Co. \_\_\_\_\_ Regiment \_\_\_\_\_ Division \_\_\_\_\_
Serial Number \_\_\_\_\_
(c) Date of Enlistment \_\_\_\_\_ (d) Date of Discharge or Separation \_\_\_\_\_
(e) Date of Death \_\_\_\_\_ (f) Place of Burial \_\_\_\_\_
(g) Did decedent remarry after her husband's death \_\_\_\_\_
(h) Veteran was a legal resident of the State of \_\_\_\_\_ at time of enlistment.

3. Payment of this allowance shall be made to \_\_\_\_\_ as all expenses of burial Have // Have Not been paid.

4. In witness whereof I have placed my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_
(Sig.) \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_
Day of \_\_\_\_\_, 20\_\_\_\_ (Personal Representative, Next of Kin, Individual, or Veterans' organization)
\_\_\_\_\_(Notary Public) \_\_\_\_\_(Address)

Part II - Affidavit by Undertaker.

I hereby certify that I buried the above named widow of a deceased service man, as hereinbefore stated, and that these expenses Have // Have Not been paid.

Sworn and subscribed before me this \_\_\_\_\_ (Name of Firm)
By \_\_\_\_\_ (Name) \_\_\_\_\_ (Title)
Day of \_\_\_\_\_, 20\_\_\_\_
\_\_\_\_\_(Notary Public) \_\_\_\_\_(Address)

(NOTE: \*Strike out word not when same does not apply)

Part III - Certification of Entitlement.

(To be completed by representative of the County Commissioners)

I certify that I have examined the proof of service of the deceased service person named in this application and the proof of relationship of the within named widow, and find that the statements made above are correct, and that the applicant is entitled to payment under subdivision (b) Article 19 of "The County Code" of 1955, as amended.

\_\_\_\_\_(Title: Director of Veterans' Affairs)

**WIDOWS BURIAL**

**INSTRUCTIONS**

1. A Deceased Service Man's Widow is defined as the unremarried widow of any male deceased service person, at the time of his death, serving in, or having served in and been honorably separated from the Army, Navy, Air Force, Marine Corps or Coast Guard, (1) during any war or armed conflict in which the United States has been, is now or shall hereafter be engaged, or (2) in a zone where a campaign or state or condition of war or armed conflict (established by the records of the Department of Defense of the Federal Government) then existed. (Sec. 1908 and 1909, "The County Code" of 1955, as amended.)

2. Application must be made by the personal representative, if any, of the widow, otherwise by any next of kin, individual, or veterans' organization, who or which assumes responsibility for the cost of burial of the body. (Sec. 1911, "The County Code" of 1955, as amended.)

3. Application must be made within one year from the date of death. No application will be given consideration unless fully completed.

4. The following papers must be attached to this application:

- (a) Official death certificate of the deceased service person whose widow the decedent is.
- (b) Official death certificate of the decedent, but if either or both death certificates are not procurable attach either (1) an affidavit of one or more persons personally acquainted with the deceased service man or the widow, as the case may be, and the fact of his or her death, or (2) proof of the record of death kept by the attending physician, or (3) of the record of burial kept by the undertaker by whom he or she was buried or (4) of the record of the church, burial association or cemetery company maintaining the cemetery in which he or she was buried.

(c) Honorable discharge or other official record showing war service or service in zone where campaign or state or condition of war existed. Copies of War or Navy Department or Air Force records on file with State Department of Military Affairs will be accepted.

(d) Proof of legal residence of widow in this county.

(e) Proof that decedent was married to the deceased service man at the time of his death and that she has not since remarried.

**PENALTY**

Every person making a false oath is guilty of a felony and on conviction will be sentenced to pay a fine not exceeding \$3000.00 or to undergo imprisonment by separate or solitary confinement, at labor not exceeding seven years or both, and will be forever disqualified from being a witness in any matter in controversy. (Sec. 322, Act of June 24, 1959, P.L. 872)

\_\_\_\_\_  
(To be detached and mailed to applicant if payment is made to undertaker.)

\_\_\_\_\_, 20\_\_\_\_

We have this day drawn a check, in the amount of \$\_\_\_\_\_, to the order of \_\_\_\_\_

\_\_\_\_\_  
as payment of the County Contribution toward the burial expense  
of \_\_\_\_\_.

Commissioners of the County of \_\_\_\_\_

By \_\_\_\_\_  
(Department of Veterans' Affairs)