

APPLICATION FOR BURIAL EXPENSES OF A DECEASED SERVICE PERSON

Under subdivision (b) of Article 10 of "The County Code" of 1955 as Amended

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 Deceased Service Person 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. Full name of deceased veteran _____
2. (a) Place of Birth _____ (b) Date of Birth _____
3. Branches of Service in which Veteran served
() Army () Navy () Marine Corps () Air Force () Coast Guard

4. Give the following information about his/her service:

ENLISTED: Date _____ Place _____
SEPERATED: Date _____ Place _____
DISCHARGED
Veteran was a legal resident of the State of _____ at the time of enlistment.

RANK _____ Serial Number _____
ORGANIZATIONS SERVED WITH: _____
TYPE OF DISCHARGE: _____

NOTE--IF SERVED UNDER A NAME OTHER THAN THE ONE USED IN THIS APPLICATION, GIVE NAME SERVED UNDER _____

5. Give the following information about his/her death and burial.

Death: Date _____
Place _____
Burial: Date _____
Place _____
Location of Cemetery: _____
Location of Grave:Section _____ Range _____ Lot _____ Grave _____

6. Legal residence of the veteran at the time of his/her death was _____
_____ County of _____ Pennsylvania.
Decedent lived at that address for _____ years _____ months immediately preceding death, and was a resident of _____ County for a period of _____ years immediately preceding death.

7. Payment of this allowance shall be made to _____
as all expenses of burial have*have not been paid.
In witness whereof I have placed my hand this _____ day of
_____, 20_____

(Note: * strike out word not when same does not apply.)

Signature _____

(Personal representative, Next of Kin, Veterans Group)

(Address)

Part II--Affidavit by Undertaker.

I hereby certify that I buried the above named veteran, as hereinbefore stated, and that these expenses have*have not been paid. Name of Firm _____

(Signature of Undertaker)

(Address)

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(To be completed by representative of the County Commissioners)

I have examined the proof of the service of the within named veteran, and find that the statements made above are correct, and that such service during the _____ War and residence at the time of death entitled the applicant to the benefits of subdivision (b) Article 19 of "The County Code" of 1955, as amended.

(Title: Director of Veterans Affairs)

Part IV-- Authorization for Payment.

We have satisfied ourselves that the within named deceased service person had legal residence in the County of _____, and that payment of \$ _____ Allowance should be made to _____

Commissioner

Commissioner

Commissioner

Part V--Warrant Order.

Warrant No. _____ should be drawn in payment of this account, to the order of _____.

Controller/ Treasurer