



APPLICATION FOR BURIAL EXPENSES FOR DECEASED SERVICE PERSON
The County Code of 1955 as Amended; Article XIX-A(b)
Affidavit Supporting Burial Claim

Part I: 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 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.

Service Person:

Last Name _____ First Name _____ Middle Initial _____
Place of Birth _____ Date of Birth _____
Branch(es) of Service in which service person served:
Army Marine Corps Navy Air Force Coast Guard

Name served under (if same as above write "same") _____
Enlistment / Commission: Date _____
Discharged: Date _____ Type of Discharge _____
Rank _____ Service Number _____ Units served with _____
State of legal residence at the time of Enlistment / Commissioning _____

Death and burial information:

Death: Date _____ Place _____
Burial: Date _____ Place _____
Name and Location of Cemetery: _____
Location of Grave: Section _____ Range _____ Lot _____ Grave _____
Legal residence of the service person at the time of his/her death: _____
_____, _____ County, Pennsylvania.

Payment of this allowance shall be made to: _____
as all expenses of burial have have not been paid.

By signing this application, the applicant certifies that the information provided is true and correct to the best of my knowledge, information and belief. The law provides severe penalties including fines and imprisonment for making false statements on official forms such as this Application for Burial Benefits. I understand that this verification is made subject to the penalties of 18 Pa C.S.A. § 4904 pertaining to unsworn falsification to authorities. this ___ day of _____, 20 ____

Signature _____

(Personal Representative, Next of Kin, Veterans Group)

(Address)

Part II-Affidavit by Undertaker.

I hereby certify that I buried the above-named service person, as herein before stated, and that these expenses of \$ _____ have have not been paid. Name of Firm _____

Signature of Undertaker _____

Address _____

Part III: To be completed by representative of the County Commissioners

I have examined the proof of the service of the within named service person, 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 The County Code of 1955, as amended Article XIX-A (b).

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