

Application for Burial expenses of a Deceased Service Persons Widow / Widower

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/ Widower of a Deceased Service Person, 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/ widower _____
(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 / He resided at this address for _____ years and _____ months immediately prior to his / her death.

(e) Date of Burial _____ (f) Place of Burial _____
2. (a) Name of deceased Veteran _____
(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 his / her spouse'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.) _____
(Personal Representative, Next of Kin, Individual, or Veterans' organization)

(Address)

Part II - Affidavit by Undertaker.

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

Sworn by me this _____ (Name of Firm)

Day of _____, 20_____ By _____ (Name) _____ (Title)

(undertaker) _____ (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 / widower, 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)