

APPLICATION FOR BURIAL EXPENSES FOR A DECEASED SERVICE
VETERAN/WIDOW/WIDOWER

- () Allowance of \$100 toward the burial expenses of the deceased veteran
() Allowance of \$100 toward the burial expenses of a deceased service person's widow or widower

1. Full name of deceased Veteran: _____
2. (a) Place of birth: _____ Date of Birth: _____
3. Branch of service in which served ARMY: ___ NAVY: ___ MARINES: ___ COAST GUARD: ___ AIR FORCE: ___
4. Information about service:
Enlisted: Date: _____ Place: _____
Discharged: Date: _____ Place: _____
Rank: _____ Serial Number: _____
Type of Discharge: _____ Social Security #: _____
NOTE: If he/she served under a name other than the one used in this application, Give name under which served: _____
5. Death/Burial Information:
Date of death: _____ Place: _____
Date of burial: _____ Name of Cemetery: _____
Location of Cemetery: _____
Location of grave: Section: _____ Range: _____ Lot: _____ Grave: _____
6. FULL NAME OF DECEASED WIDOW OR WIDOWER: _____

_____ Date of birth: _____ Social Security#: _____

7. Legal residence of Veteran/Widow or Widower at the time of death was at _____ Street, city of, _____ County of Lackawanna Pennsylvania. Decedent lived at that address for _____ years, _____ months immediately preceding death, and was a resident of Lackawanna County for a period of _____ years immediately preceding death.

CERTIFICATION

8. The undersigned applicant hereby certifies under Penalty of the law that the foregoing information Is true and correct to the best of his or her knowledge And belief. The applicant understands that providing False information is a crime punishable under Pennsylvania Crime Code. (18 Pa. C.S. 4904)

NAME (PLEASE PRINT)

SIGNATURE OF APPLICANT

ADDRESS

PHONE #

RELATIONSHIP TO DECEASED

BY UNDERTAKER

I hereby certify that I buried the above named veteran/widow or widower and that The total expense of this burial was \$ _____, As per the attached Itemized Bill and that the bill HAS() HAS NOT() been paid.

DATE: _____, 20____

NAME OF FIRM

NAME

TITLE

ADDRESS

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/widow/widower named in this application, and proof of relationship of the within named widow/widower and find that The statements made are correct, and that the applicant is entitled to payment under Purdons Statutes 16, as amended.

TITLE: DIRECTOR OF VETERANS AFFAIRS