



BERKS COUNTY DEPARTMENT OF VETERANS AFFAIRS

**APPLICATION FOR BURIAL EXPENSES**

General County Code of 1955

**Veteran**

Under subdivision (b) Article 19

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Branch: \_\_\_\_\_

Enlist Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

**Spouse**

Under subdivision (b) Article 5

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**Deceased Veteran Info:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Branch: \_\_\_\_\_

Enlist Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Funeral Bill Paid?      Yes      No      \$75.00      Yes      No

County Burial payable to:

\_\_\_\_\_

Headstone/Marker Allowance?      Yes      No      \$50.00      Yes      No

Payable to:

\_\_\_\_\_

Director of Veterans Services: \_\_\_\_\_