



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: _____