

Application for Headstone for a Deceased Service Person's Grave

Under Subdivision (b) of Article 19 of "The County Code" of 1955

PART I I(We) hereby make application for an allowance not to exceed \$ _____ toward

LETTERING on EXISTING MEMORIAL _____

INSTALLATION OF GOV'T _____ MARKER on the grave of _____

BIRTH: Date: _____ Place: _____

PRIMARY ENLISTMENT

OTHER ENLISTMENT

Branch _____

Branch _____

Enlisted Date _____

Enlisted Date _____

Place _____

Place _____

Discharged Date _____

Discharged Date _____

Place _____

Place _____

Rank _____ Serial # _____

Rank _____ Serial # _____

Organizations _____

Organizations _____

Type Of Discharge _____

Type Of Discharge _____

RESIDENCE AT TIME OF ENLISTMENT _____

SOCIAL SECURITY # _____

2. Give the following information about his (her) death and burial:

Death : Date _____ Place _____

Burial : Date _____ Name of Cemetery _____

Location of Cemetery _____

(City, Borough, Town, or Township, County and State)

Location of Grave: _____ Range _____ Lot _____ Grave _____ Block _____

or Location of Mausoleum _____ Tier _____ Row _____ Crypt _____

Name of Contractor _____

Address of Contractor _____

Legal residence of the veteran at the time of His death was at _____

and was a resident of _____ County for a period of _____ years _____ months immediately preceding death.

Signature _____

Addr _____

Relation to Veteran _____

PART II CERTIFICATION OF SERVICE

(to be completed by representative of County Commissioners)

I Certify that I have examined the proof of service of the within named veteran, and find that the statements made herein are correct, and such service during the _____ War and residence at the time of death entitles the applicant to the benefits of Subdivision (b) Article 19 of the General County Code of 1955.

Date/Erection Authorized

PART III AUTHORIZATION OF PAYMENT

I have satisfied myself that the above named deceased service person had a legal residence in the County of Berks at the time of death, and that a _____ has been erected on _____ unmarked grave and that _____ should be paid the sum of _____ for the erection of the ordered memorial

Part V - Warrant Order

Warrant No. _____ should be drawn in payment of this account, to the order of _____

(Controller or Treasurer)

DO NOT DETACH - SEND ENTIRE FORM BACK TO VETERAN'S AFFAIRS OFFICE

ERECTION AUTHORIZATION

You are hereby authorized to erect a _____ on Grave No. _____ Lot _____ Sec _____ Blk _____ OR

Maus _____ Row _____ Tier _____ Crypt _____ in _____ in _____

The memorial is to be inscribed as follows _____

(Year of Birth) (Year of Death) (Rank) (Branch) (War)



CERTIFICATION OF ERECTION

To: The Commissioners of Berks County Reading, Pennsylvania

This is to certify that I/We have erected _____ on the grave of _____

on (date) _____ at a cost of \$ _____ as per the Erection Authorization appearing on this form.

(insert erection date here)

Name of Firm _____

By _____

Address _____

