

Application for Burial Expenses of a Deceased Service Person

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

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 Deceased Service person as provided by Subdivision (b) Article 19 of "The County Code" of 1955, as amended, in the amount of \$75.00, and hereby certify that the facts set forth below are true and correct to the best of my (our) knowledge and belief.

1. Full name of deceased veteran

Note - If served under a name other than the one used in this application, give name under which served

Name _____ Social Security No. _____
2. Date of Birth _____ Place of Birth _____
3. Enlistment(s)
Branch _____ Rank _____ Serial Number _____
Enlisted Date _____ Place _____
Discharged Date _____ Place _____
Organizations _____ Type Of Discharge _____
Veteran Was A Legal Residence Of The State Of _____ At Time Of Enlistment _____

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

Death : Date _____ Place _____
Disposition: _____ Disposition Date: _____ If cremation, and ashes were buried, indicate where:
Burial : Date _____ Name of Cemetery _____
Location of Cemetery _____
Location of Grave: Block _____ Section _____ Lot _____ Grave _____
Mausoleum _____ Row _____ Tier _____ Crypt _____

5. Legal residence of the veteran at the time of his (her) death was at _____

County of BERKS Pennsylvania.

Decedent lived at that address for _____ years, _____ months immediately preceding death, and was a resident of BERKS County for a period of _____ years immediately preceding death.

6. Payment of this allowance shall be made to as all expenses of burial HAVE NOT been paid.*

Signature _____

(Executor or Administrator or Next of Kin or friend)

Address _____ City _____ State _____ Zip Code _____ Phone _____

Part II - Affidavit by Undertaker

I hereby certify that I buried the above named veteran, as herein before stated, and that the total expenses of this burial were \$ _____ As per the attached itemized bill, and that these expenses **HAVE NOT** been paid.

By _____ (Signature) _____ (Title) _____ (Name of Firm)

Address _____ City _____ State _____ Zip Code _____

Part III - Certification of Service. (To Be Completed By Representative Of The County Commissioners)

I have examined the proof of service of the within named veteran, and find that the statements made above are correct, and that such service during the _____ War and residence at the time of death entitled the applicant to the benefits of Subdivision (b) Article 19 of "The County Code" of 1955, as amended.

Director of Veterans' Services _____

Part IV - Authorization for Payment

We have satisfied ourselves that the within named deceased service person had a legal residence in the County of BERKS, and that the payment of \$75.00 allowance should be made to

(Controller or Treasurer) _____