## 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.	Full name of deceased Veteran:         (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 Second	ecurity #:					
	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 Cemeter						
	Location of Cemetery: Location of grave: Section: Range:	Lot: Grave:					
6.	FULL NAME OF DECEASED WIDOW OR						
			_				
	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 proceeding 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	NAME (PLEASE PRINT)					
	And belief. The applicant understands that providing False information is a crime punishable under	SIGNATURE OF APPLICANT					
	Pennsylvania Crime Code. (18 Pa. C.S. 4904)	SIGNATURE OF APPLICANT					
		ADDRESS					
	DV LINIDEDT A	PHONE # RELATIONSHIP TO I	DECEASED				
	BY UNDERTAKER						
	I hereby certify that I buried the above named veteran/widow or widower and that The total expanse of this buriel was \$ As par the attached Itemized						
	The total expense of this burial was \$, As per the attached Itemized Bill and that the bill HAS() HAS NOT() been paid.						
	Diff and that the official first ( ) first from ( ) over paid.						
	DATE: ,20						
	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.

We have satisfied ourselves that the within named deceased service person/widow/widower had a legal residence in the County of <u>LACKAWANNA</u> and that the payment of <u>allowance</u> should be made to:

						Commissioner
						Commissioner
						Commissioner
WARRANT ORDER:						Commissioner
Warrant Order No	should be dra	awn in j	payment	of this a	ccount, to t	the order of

(Controller or Treasurer)

	(Controller or Treasurer)
t ( 1	VETERAN/WIDOW/WIDOWER BURIAL INSTRUCTIONS A Deceased Service Person is defined as any person at the time of death, serving in, or having served in and being Honorably separated from the Army, Navy, Air Force, Marine Corps, Coast Guard, or any Women's Organization officially connected therewith, (1) during any war or armed conflict in which the United States has been, is now or shall hereafter be engaged , or (2) in a zone where a campaign or state or condition of war or armed conflict (established by the records of the Department of Defense of the Federal Government) then existed. (Sec. 1908, "The County Code" of 1955, as amended).
ŀ	Application must be made by the personal representative, if any, of the deceased service person, and if no such Personal representative has qualified then by any next of kin, individual, or Veteran's Organization, who or which assumes responsibility for the cost of burial of the body. (Sec. 1911 "The County Code" of 1955, as amended).
C	Application must be made within one year from the date of death, except where the deceased service person lied while in the service, when the application may be made any time thereafter. No application will be given consideration unless fully completed.
) 8 1	The following paper must be attached to the application: (a) Official death certificate, or if not procurable, either (1) an affidavit of one or more persons personally acquainted with the deceased and the fact of his death, or (2) proof of the record of death kept by the attending physician, or (3) of the record of burial kept by the undertaker by whom he was buried or (4) of the record of he church, burial association, or cemetery company maintaining the cemetery in which he was buried.
	b) Honorable Discharge or other official record showing war service or service in zone where campaign or State or condition of war existed. Copies of War or Navy Department or Air Force records on file with State Department of Military Affairs will be accepted.
(	(c) Proof of legal residence in this county, except in cases where such residence is not required.
exc sev	<u>PENALTY</u> ery person making a false oath is guilty of a felony and on conviction will be sentenced to pay a fine not ceeding \$3000.00 or to undergo imprisonment by separate or solitary confinement, at a labor not exceeding ren years or both, and will be forever disqualified from being a witness in any matter in controversy. (Sec. 322 t of June 24, 1930, P.L. 872).
	(To be detached and mailed if payment is made to undertaker)
	20
We	e have this day drawn a check, in the amount of \$to the order of
As	payment of the County Contribution toward the burial expenses of
	Commissioners of the County Of LACKAWANNA

By\_\_\_

(Department of Veterans' Affairs)