



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 Allowance? \$75.00    Yes    No

Headstone Allowance? \$50.00    Yes    No

Payable to:

Address:

Phone Number/Email Address:

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