

# 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 \$ 550.00 toward

LETTERING on EXISTING MEMORIAL

INSTALLATION OF GOV'T MARKER on the grave of

BIRTH: Date: \_\_\_\_\_ Place: \_\_\_\_\_

## PRIMARY ENLISTMENT

Branch \_\_\_\_\_  
Enlisted Date \_\_\_\_\_  
Place \_\_\_\_\_  
Discharged Date \_\_\_\_\_  
Place \_\_\_\_\_  
Rank \_\_\_\_\_ Serial # \_\_\_\_\_  
Organizations \_\_\_\_\_  
Type Of Discharge \_\_\_\_\_

## OTHER ENLISTMENT

Branch \_\_\_\_\_  
Enlisted Date \_\_\_\_\_  
Place \_\_\_\_\_  
Discharged Date \_\_\_\_\_  
Place \_\_\_\_\_  
Rank \_\_\_\_\_ Serial # \_\_\_\_\_  
Organizations \_\_\_\_\_  
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 death was at \_\_\_\_\_  
and was a resident of BERKS County for a period of \_\_\_\_\_ years \_\_\_\_\_ months immediately preceding death.

Signature \_\_\_\_\_

Address \_\_\_\_\_

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 resident in the County of BERKS at the time of death and that \_\_\_\_\_ had been erected on their unmarked grave, and that the following person/contractor should be paid the sum of \$ 50.00 for the authorized work.

\_\_\_\_\_  
(Controller or Treasurer)

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

**INSTALLATION AUTHORIZATION**

You are hereby authorized to install \_\_\_\_\_ on Grave No. \_\_\_\_\_ Lot \_\_\_\_\_ Sec \_\_\_\_\_ Blk \_\_\_\_\_ OR  
Maus \_\_\_\_\_ Row \_\_\_\_\_ Tier \_\_\_\_\_ Crypt \_\_\_\_\_ in \_\_\_\_\_ in \_\_\_\_\_, PA.

The memorial is to be inscribed as follows  
(Year of Birth) \_\_\_\_\_ (Year of Death) \_\_\_\_\_ (Rank) \_\_\_\_\_ (Branch) \_\_\_\_\_ War) \_\_\_\_\_  
No \_\_\_\_\_

┌ \_\_\_\_\_ ┐  
└ \_\_\_\_\_ ┘

**CERTIFICATION OF INSTALLATION**

To: The Commissioners of **Berks County** Reading, Pennsylvania

This is to certify that I/We have installed \_\_\_\_\_ on the grave of \_\_\_\_\_  
ON (DATE) \_\_\_\_\_ at a cost of \$ **50.00** Per the Installation Authorization appearing on this form.

Name of Firm \_\_\_\_\_

BY \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_