

Application for Burial Expenses of a Deceased Service Person's Spouse

Under Subdivision (b) Article 5 of the General County Code of 1955, As Amended

APPLICATION

Part I - Affidavit supporting Burial Claim, to be executed by Personal representative, Next of Kin, Individual or Veterans' organization.

I hereby make application for the Burial Expenses of a Widow or widower of a Deceased Service person, as provided by Subdivision (b) Article 5 of the General 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 knowledge and belief:

1. Full name of deceased Widow(er) _____

Date of Birth _____

Widow's(er's) Social Security Number _____

Date of Death _____

(c) Place of Death, _____

(d) Legal residence at time of Death was _____

, County of

BERKS

, PA.

(City, Borough, Town, Twp.)

Disposition: _____ Disposition Date: _____ If cremation, and ashes were buried, indicate where:

(e) Date of Burial _____

(f) Place of Burial _____

2. Name of deceased service person _____

The veteran served during the _____

War in the _____

Rank _____

in Co. _____

Regiment of _____

Division _____

Serial Number _____

Enlistment _____

Discharge _____

Date of Veteran's Death _____

Place of Burial _____

Did decedent remarry after veteran's death _____

Veteran was a legal resident of the State of _____

Pennsylvania

3. Payment of this allowance shall be made to _____

as all expenses of burial HAVE NOT been paid as of this application date.

Signature _____

(Executor or Administrator or Next of Kin or friend)

Address _____

City _____

State _____

Zip Code _____

Part II - Affidavit by Undertaker

I hereby certify that I buried the above named widow(er) of a deceased service person, as herein before stated, and that the expenses **HAVE NOT** been paid as of the date of this application.

By _____

(Signature)

(Title)

(Name of Firm)

Address _____

City _____

State _____

Zip Code _____

Part III - Certification of Entitlement (to Be Completed By Representative Of The County Commissioners)

I certify that I have examined the proof of service of the of the deceased service person named in this application, and the proof of relationship of the within named widow(er), and find that the statements made above are correct, and that the applicant is entitled to payment under Subdivision (b) Article 5 of the General County Code of 1955, as amended.

Part IV - Authorization for Payment

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

(Controller or Treasurer)