

**APPLICATION FOR BURIAL BENEFIT (\$75) FOR DECEASED VETERAN
OR DECEASED VETERAN'S SPOUSE**

Lycoming County Office of Veterans Affairs - 48 West Third Street, Williamsport, PA 17701

Part I – Affidavit Supporting Claim of Burial Benefit

PLEASE CHECK ONE:

NAME OF DECEASED VETERAN _____

NAME OF DECEASED SPOUSE OF VETERAN _____

Provide name used, if served under a name different than the one used on this application _____

Social Security # _____ Date of Birth / / Place of Birth _____

Branch of Service _____ Type of Discharge _____

Rank _____ Induction Date / / Place of Induction _____

Serial # _____ Discharge Date / / Place of Discharge _____

Unit/Organization _____

Veteran's Date of Death: / / Place of Death _____

(If applicable) Date of Death (spouse of veteran): / / Did decedent remarry after spouse's death? **yes / no**

Legal residence of the veteran at the time of death: _____

(city) _____ County of _____ Pennsylvania.

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

Cremation/Burial Date: / / Name of Cemetery _____

Location of Grave: Section _____ Lot _____ Row _____ Grave _____

Payment of this allowance shall be made to _____

Please circle one: Have funeral/burial expenses been paid in full? **yes / no**

Signature of Decedent's Next of Kin or Personal Representative _____

Printed Name _____ Relationship to Decedent _____

Address _____ Date _____

Part II – Certification by Funeral Home Director

I hereby certify that I have supervised the funeral and/or burial arrangements for the above named veteran or veteran's spouse.

Signature & Title _____ Name of Firm _____

Address _____ Date _____

Part III - Certification of Entitlement (To be completed by representative of the County Commissioners)

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

_____, Dir. of Veterans Affairs or Designee Date _____

Part IV - Authorization for Payment (To be completed by representative of the County Commissioners)

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

to: _____ (Commissioner)

_____ (Commissioner)

_____ (Commissioner)

Part V - Warrant Order

Warrant No. _____ should be drawn in payment of this account, to the order of _____

Signature _____, Controller or Treasurer Date _____