

**Application for Burial expenses of a Deceased Service Persons Widow / Widower**

Under Subdivision (b) of Article 19 of "The 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 (We) hereby make application for the Burial Expenses of a Widow/ Widower of a Deceased Service Person, as provided by Subdivision (b) Article 19 of "The County Code" of 1955, as amended in the amount of \$\_\_\_\_\_, and hereby certify that the facts set forth below are true and correct to the best of my (our) knowledge and belief:

1. (a) Full name of deceased widow/ widower \_\_\_\_\_  
(b) Date of Death \_\_\_\_\_ (c) Place of Death \_\_\_\_\_  
(d) Legal residence at time of death was \_\_\_\_\_  
(Street and Number)  
\_\_\_\_\_ County of \_\_\_\_\_, Pa.  
(City, Borough, Town or Township)

She / He resided at this address for \_\_\_\_\_ years and \_\_\_\_\_ months immediately prior to his / her death.

(e) Date of Burial \_\_\_\_\_ (f) Place of Burial \_\_\_\_\_  
2. (a) Name of deceased Veteran \_\_\_\_\_  
(b) The veteran served during the \_\_\_\_\_ War. Rank \_\_\_\_\_  
Co. \_\_\_\_\_ Regiment \_\_\_\_\_ Division \_\_\_\_\_  
Serial Number \_\_\_\_\_  
(c) Date of Enlistment \_\_\_\_\_ (d) Date of Discharge or Separation \_\_\_\_\_  
(e) Date of Death \_\_\_\_\_ (f) Place of Burial \_\_\_\_\_  
(g) Did decedent remarry after his / her spouse's death \_\_\_\_\_  
(h) Veteran was a legal resident of the State of \_\_\_\_\_ at time of enlistment.

3. Payment of this allowance shall be made to \_\_\_\_\_ as all expenses of burial Have // Have Not been paid.

4. In witness whereof I have placed my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(Sig.) \_\_\_\_\_  
(Personal Representative, Next of Kin, Individual, or Veterans' organization)

\_\_\_\_\_  
(Address)

Part II - Affidavit by Undertaker.

I hereby certify that I buried the above named widow / Widower of a deceased service person, as hereinbefore stated, and that these expenses Have // Have Not been paid.

Sworn by me this \_\_\_\_\_  
(Name of Firm)

Day of \_\_\_\_\_, 20\_\_\_\_\_ By \_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(undertaker) (Address)

(NOTE: \*Strike out word not when same does not apply)

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 deceased service person named in this application and the proof of relationship of the within named widow / widower, and find that the statements made above are correct, and that the applicant is entitled to payment under subdivision (b) Article 19 of "The County Code" of 1955, as amended.

\_\_\_\_\_  
(Title: Director of Veterans' Affairs)