

CLAIM FOR BURIAL EXPENSES OF A DECEASED SERVICE MAN'S WIDOW
UNDER SECTION 424 OF THE GENERAL COUNTY CODE OF 1929, AS AMENDED

APPLICATION

PART 1-AFFIDAVIT SUPPORTING BURIAL CLAIM, TO BE EXECUTED BY NEXT OF KIN, OR FRIEND OF DECEASED.

I (WE) HEREBY MAKE APPLICATION FOR THE BURIAL EXPENSES OF A WIDOW OF A DECEASED SERVICE MAN, AS PROVIDED BY SECTION 424 OF THE GENERAL COUNTY CODE OF 1929, AS AMENDED, IN THE AMOUNT OF \$100.00 AND HEREBY CERTIFY THAT THE FACTS SET FORTH BELOW ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

FULL NAME OF DECEASED WIDOW _____

DATE OF DEATH _____ PLACE OF DEATH _____

LEGAL RESIDENCE AT THE TIME OF DEATH WAS _____ STREET

CITY _____ COUNTY OF _____ PA.

SHE RESIDED AT THIS ADDRESS FOR _____ YEARS AND _____ MONTHS IMMEDIATELY PRIOR TO HER DEATH.

DATE OF BURIAL _____ PLACE OF BURIAL _____

NAME OF DECEASED HUSBAND _____

THE VETERAN SERVED DURING THE _____ WAR AS A _____

IN CO. _____ REGIMENT OF _____ DIVISION.

DATE OF ENLISTMENT _____ DATE OF DISCHARGE _____.

DATE OF DEATH _____ PLACE OF DEATH _____

PAYMENT OF THIS ALLOWANCE SHALL BE MADE TO _____

AS WELL AS EXPENCES HAS OR HAS NOT BEEN PAID.

(SIG.) _____

NEXT OF KIN OR FRIEND _____ ADDRESS _____

AFFIDAVIT BY FUNERAL DIRECTOR

I HEARBY CERTIFY THAT I HAVE BURIED THE ABOVE NAMED WIDOW AND THAT THE TOTAL EXPENSES OF THE BURIAL WERE \$ _____ AS PER THE ATTACHED ITEMIZED BILL.

THE BILL HAS OR HAS NOT BEEN PAID IN FULL AT THE TIME OF THIS APPLICATION. (PLEASE CIRCLE ONE)

NAME OF FIRM _____

ADDRESS OF FIRM _____

TITLE & PHONE _____

SIGNATURE OF DIRECTOR _____

DATE _____

MAIL APPLICATION TO: VETERANS AFFAIRS, CARBON COUNTY COURTHOUSE ANNEX , 2 HAZARD SQUARE

JIM THORPE, PA 18229-1029 ANY QUESTONS PLEASE CALL 570-325-3986

SIGNATURE OF COUNTY DIRECTOR _____ DATE _____