

# Veterans Burial

Application for Burial Expenses of a Deceased Service Person  
Under Section 424 of the General County Code of 1929, as amended

## INSTRUCTIONS

1. A Deceased Service Person is defined as any soldier, sailor, marine, yeoman (f) or nurse who has served with the combative forces of the United States during any war or campaign in which the United States has been engaged and who has been honorably discharged from such periods of service, according to the records of the War or Navy Departments. (Sec. 421, County Code of 1929, as amended.)
2. Application shall be made by the personal representative or next of kin of the veteran, individual or any veterans organization who or which assumes responsibility for the burial of the veteran.
3. Application must be made within a year from the date of death. No application will be given consideration unless fully completed.
4. **Certified copy of the public record of death and an original invoice must be attached to this application.**

### APPLICATION FOR LEHIGH COUNTY RESIDENTS

#### Affidavit supporting Burial Claim, to be executed by the Next of Kin, or Friend, of the Deceased

I (We) hereby make application for the Burial Expenses of a Deceased Service Person 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 (our) knowledge and belief.

1. Full name of deceased veteran \_\_\_\_\_
2. (a) Place of Birth \_\_\_\_\_ (b) Date of Birth \_\_\_\_\_
3. Make a cross (X) after branches of service in which served: Army , Navy , Marine Corps , Coast Guard , Nurse Corps , Air Force
4. Give the following information about service:

Enlisted		Serial No.	Discharged		Rank	Type of Discharge
Date	Place		Date	Place		

#### NOTE-If served under a name other than the one used in this application, give name under which served

5. Give the following information about death and burial:

Death		Burial						
Date	Place	Date	Place	Cemetery	Section	Range	Lot	Grave

6. Legal Residence of the veteran at the time of his (her) death was at \_\_\_\_\_  
City of \_\_\_\_\_ **County of Lehigh** Pennsylvania Decedent  
lived at that address for \_\_\_\_\_ years, \_\_\_\_\_ months immediately preceding death.
7. Payment of this allowance shall be made to \_\_\_\_\_  
as all expenses of burial **have \*not been paid.**

\_\_\_\_\_  
(Name of Firm/ Funeral Home) (Sig) \_\_\_\_\_

By \_\_\_\_\_ (Address) \_\_\_\_\_  
(Name) (Title) \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
(address, zip) (phone) Relation to Veteran \_\_\_\_\_

(Note: \*Strike out work NOT when same does not apply.)

I have examined the proof of service of the above named veteran, and find that the statements made above are correct, and that such service during the \_\_\_\_\_ War and residence at the time of death entitled the applicant to the benefits of Sec. 421 of the General County Code of 1929, as amended.

\_\_\_\_\_  
Assistant Director, Veterans Affairs

**050500 46...**

#### Authorization for Payment.

I have satisfied myself that the within named deceased service person had a legal residence in the County of Lehigh and the payment of **\$100.00** allowance should be made to \_\_\_\_\_

#### PENALTY

Every person making a false oath is guilty of a felony and on conviction will be sentenced to pay a fine not exceeding \$3,000.00 or to undergo imprisonment of separate or solitary confinement, at labor not exceeding seven years or both, and will be forever disqualified from being a witness in any matter in controversy. (Section 322, Act of June 24, 1939, P.L.872)