

VETERAN'S HEADSTONE PERMIT
APPLICATION FOR LEHIGH COUNTY RESIDENTS

Application for Erection of Headstone for a Deceased Service Person's Grave
Under Article XIX of the Pennsylvania County Code of 1955, as amended

1. A Deceased Service Person is defined as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, or any women's organization officially connected therewith, during any war or armed conflict 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 Department of Defense.
2. Application for Allowance Toward Family Memorial, Lettering on Existing Memorial, or Concrete Base for Government Headstone shall be made by any relative or friend of the deceased service person. No applications will be given consideration unless fully completed.
3. A certified copy of the public record of death must be attached to this application, if procurable, unless same has been previously furnished to the County Executive with the application for Burial Allowance.
4. Affidavit as to the Completion of the Work is required from the contractor.

I (We) hereby make application for an allowance not to exceed \$100.00 (One Hundred Dollars) toward
Family Memorial ___ Lettering on Existing Memorial ___ Base for a Government Headstone ___

DECEASED VETERAN'S FULL NAME: _____

Birth: Date _____ Place _____

Death: Date _____ Place _____

Burial: Date _____ Name of Cemetery _____

Location of Cemetery _____

(City or Town) and (Township or Borough)

Enlisted: Date _____ Place _____

Discharged: Date _____ Place _____

Type of discharge (i.e., Honorable) _____ Rank _____ Serial Number _____

Organizations served with _____

Veteran was a legal resident of the State of _____ at the time of enlistment.

Veteran was a legal resident of Lehigh County at the time his/her death and lived in Lehigh County for
_____ years _____ months immediately preceding death.

Location of Grave: Section _____ Range _____ Lot _____ Grave _____

Name of Contractor (If known at this time) _____

Address of Contractor _____

Phone # of Contractor _____

Applicant's Name Relationship to Deceased

Applicant's Signature Date

Applicant's Address Phone No.

OFFICE USE ONLY

I certify that I have the proof of service of the above named veteran, and find that the statements made herein are correct, and such service during the _____ War and residence at the time of death entitles the applicant to the benefits of Article XIX of the General County Code of 1955, as amended.

Lehigh County Office of Veterans Affairs

(Over)

MEMORIAL AUTHORIZATION

You are hereby authorized to erect/install/letter on Grave Number _____, Lot Number _____, Range Number _____, Section _____ at _____ cemetery located in _____, Pennsylvania, as per your agreement amounting to \$100.00 per this authorization.

The memorial is to be inscribed as follows:

Name of Veteran _____
Branch of Service _____
Date of Birth _____
Date of Death _____
War _____
Rank _____
Military Unit (if known) _____

CONTRACTOR CERTIFICATION

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. (Article XIX of the Pennsylvania County Code of 1955, as amended).

I certify that I have **erected/installed/lettered** on the grave on the above named service person's grave at a cost of \$100.00, as per the Authorization appearing on this form.

Contractor Name

Street Address

City Zip Code

Phone

Signature Title

Return this completed form to:

**Lehigh County Office of Veterans Affairs
Attn: Headstone Permits
Lehigh County Government Center
17 South Seventh Street
Allentown, PA 18101-2400**

AUTHORIZATION OF PAYMENT

I have satisfied myself that the above named deceased service person was a legal resident of Lehigh County at the time of death and that the above work has been completed. Payment to the above named contractor in the sum of \$100.00 is hereby authorized.

Lehigh County Veterans Affairs
031300 45276