

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

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.

1. 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.
2. A certified copy of the public record of death and proof of military service during any war or armed conflict (copy is acceptable) must be attached to this application, unless same has been previously furnished with an application for Burial Allowance.
3. Affidavit as to the Completion of the Work is required from the contractor prior to payment of allowance.
4. Mail this application and supporting documents to: Lehigh County Government Center, Office of Veterans Affairs, 17 S. 7th Street, Allentown, PA 18101

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 _____

DATE: _____

VETERAN'S FULL NAME: _____ FULL SSN: _____

Enlisted: Date _____ Place _____

Discharged: Date _____ Place _____

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

Branch of Service (Circle) U.S. Army U.S. Air Force Marine Corps U.S. Navy Other: _____

Date of Birth: _____ Place _____

Date of Death: _____ Place _____

Date of Burial: _____ Name of Cemetery _____

Location of Cemetery _____
(City or Town) and (Township or Borough)

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

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.

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.