

Spouse Burial Application for Lehigh County Residents

Claim For Burial Expenses of the Spouse of a Deceased Service Person Under the County Code of 1955, as amended; Article XIX-A(b)

A Deceased Service Person's Spouse is defined as the un-remarried spouse of 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 shall be made by the personal representative or next of kin of the veteran, individual or a veteran organization who or which assumes responsibility for the burial of the veteran.
2. Application must be made within one year from the date of death. No application will be given consideration unless fully completed.
3. Every person making a false statement is guilty of a felony and on conviction may be subject to fines and imprisonment under 18 Pa C.S.A. §4904.
4. **Proof of wartime military service, a certified copy of the public record of death, and an original invoice must be attached.**

I (We) hereby make application for the Burial Expenses of the un-remarried spouse of a Deceased Service Person 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.

Name of deceased service person: _____ Social Security Number _____

Branch	Enlisted		Discharged		Rank	Type of Discharge
	Date	Place	Date	Place		

Full name of deceased spouse _____

Date of Death _____ Place of Death _____

Legal residence at the time of death was at (address) _____

_____, Lehigh County, Pennsylvania.

Date of burial _____ Place of Burial _____

Payment of this allowance shall be made to _____ as all expenses of burial **have / have not** (circle one) been paid.

<u>Firm or Funeral Home Information</u>	<u>Executor/Administrator/Next of Kin/Friend</u>
(Name of Firm/ Funeral Home)	Name
Name and Title	Address
Address	Phone
Phone	Relation to Veteran
Signature	Signature

Certification of Entitlement and Authorization for Payment

I certify that I have examined the proof of wartime military service of the deceased service person named in this application, and the proof of relationship of the above named spouse and find that the statements made above are correct. I have satisfied myself that the above named had a legal residence in the County of Lehigh, and that payment of \$100.00 allowance should be made to

_____, Under the County Code of 1955, as amended; Article XIX-A(b).

Lehigh County Veterans Affairs
031300 46853