

Veteran Burial Application for Lehigh County Residents

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

A Deceased Service Person is defined as Any deceased person who had so served at any time during his or her life, and whose separation from such service was honorable, whether by discharge or otherwise, or who, at the time of his or her death, was continuing in such service after the cessation of the war, armed conflict, campaign or state or condition of war during or in which he or she served, 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 to this application.**

I (We) hereby make application for the Burial Expenses 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.

1. Full name of deceased veteran _____

NOTE—If veteran served under a name other than the one used in this application, please provide that name

2. Place of Birth _____ Date of Birth _____

3. Give the following information about service:

Branch	Enlisted		Discharged		Rank	Type of Discharge
	Date	Place	Date	Place		

4. Give the following information about death and burial:

Death		Burial						
Date	Place	Date	Place	Cemetery	Section	Range	Lot	Grave

5. Legal Residence of the veteran at the time of death was (address) _____
_____, Lehigh County, Pennsylvania.

6. 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 Wartime Military Service and Authorization for Payment

I have examined the statements and evidence provided for the above named and find them to be true and correct. Veteran served during the _____ War and had a legal residence in the County of Lehigh at the time of death. 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