

TELEPHONE NUMBER OF REQUESTOR: _____
VENDOR/TAX NUMBER: _____

APPLICATION FOR VETERAN/SPOUSE OR MARKER ALLOWANCE
LANCASTER, PENNSYLVANIA

PART I: I(WE) HEREBY MAKE APPLICATION FOR BURIAL ALLOWANCE/EXPENSES FOR:

VETERAN _____ (\$100) WIDOW _____ (\$100) HEADSTONE _____ (Up to \$100)

PART II: FULL NAME OF DECEASED VETERAN/WIDOW: _____

A. Legal residence of Veteran/Widow at time of death: _____ St/Ave

B. City of _____ County of _____ PA

C. Date of Birth _____ Place of Birth _____

D. Social Security Number _____

PART III: MILITARY INFORMATION

Veteran's name _____ SSN _____

Induction/Enlistment/Commissioning Date _____ Place _____

Release from Active Duty Date _____ Place _____

Rank _____ Service Number _____ Branch of Service _____

Organization _____ Type of Discharge _____

PART IV: DECEASED VETERAN INFORMATION ONLY:

Date of Death _____ Place _____

Date of Burial/Cremation _____ Name of Cemetery _____

Cemetery Address _____

Grave Location: Section _____ Range _____ Lot _____ Grave # _____

PART V: TO BE COMPLETED BY FUNERAL DIRECTOR OR DIRECTOR OF CREMATORIUM:

I hereby certify that I buried/cremated the above named veteran, as hereinbefore stated. The expenses have/have not been paid.

(Signature) _____ Firm _____

(Funeral Director/Crematory Director)

(Address & ZIP Code)

In witness whereof I have placed my hand this _____ day of _____ Year _____

(Signature) _____ Firm _____

(Personal Representative, Next of Kin, Individual
Veteran's Organization)

(Address & ZIP Code)

Payment of the allowance shall be made to _____

PART VI: CERTIFICATION OF SERVICE & AUTHORIZATION FOR PAYMENT:

I have examined the proof of service of the above named veteran and find the statements made above are correct, and that such service during _____ and residence at time of death entitles the applicant to the benefits of Sections 1909, 1910, or 1913 of the Lancaster County Code of 1955, as amended.

(Director of Veterans Affairs)

**PART VII: CERTIFICATION OF HEADSTONE OR MARKER INSTALLATION/ENGRAVING
(FOR DECEASED VETERAN ONLY):**

(TO BE RETURNED BY THE INSTALLER UPON COMPLETION OF THE WORK)

To: Department of Veterans Affairs, 50 N. Duke Street, P. O. Box 83480, Lancaster, PA 17608-3480

I certify that I have: installed a Govt Marker _____ Private Marker _____ Engraved _____ on an existing Headstone/Marker on the grave of _____

(Total Cost)

(Name of Firm)

(Address)

(Signature)

(Name)

(Title)

Payment shall be made to:
(Include Name & Address) _____

VETERANS BURIAL INSTRUCTIONS

1. A Deceased Veteran is defined as any person, at the time of death, serving in, or having served in and been honorably separated from any branch of the U. S. Armed Forces or Coast Guard, (1) during any war or armed conflict in which the United States has been, is now or shall hereafter be engaged, or (2) in a zone where a campaign or state or condition of war or armed conflict (established by the records of the Department of Defense of the Federal Government) then existed. (Sec. 1908, "The County Code" of 1955 As Amended.)

2. Application must be made by the personal representative, if any, of the deceased service person, and if no such personal representative has qualified then by any next of kin, individual, or veterans' organization, who or which assumes responsibility for the cost of burial of the body. (Sec. 1911, "County Code" of 1955, As Amended.)

3. Application must be made within one year from the date of death, except where the deceased service person died while on active duty, when application may be made any time thereafter.

NO APPLICATION WILL BE GIVEN CONSIDERATION UNLESS FULLY COMPLETED.

4. The following legible documents must be attached to this application, unless previously submitted.

(a) Official death certificate, or the record of burial kept by the undertaker by whom they were buried, or record of the church, burial association or cemetery company maintaining the cemetery in which he/she was buried.

(b) Honorable or General Discharge, DD 214 (Report of Separation or Discharge) or similar official record showing wartime service where campaign or state or condition of war existed. Copies of War or Navy Department or Air Force records on file with State Department of Military Affairs will be accepted.

(c) Proof of legal residence in Lancaster County.

PENALTY

Every person making a false oath may be guilty of a felony of the third degree pursuant to the Pennsylvania Criminal Code and will be subject to punishment pursuant to the terms thereof (Section 1, Act of December 6, 1972, P.L. 18 PA C.S.A. Sections 4902 and 4903).