PLEASE ATTACH: CERTIFIED COPY OF DISCHARGE
CERTIFIED COPY OF DEATH CERT.
COPY OF FUNERAL BILL

APPLICATION FOR BURIAL ALLOWANCE WAR VETERAN OR WIDOW OF WAR VETERAN

COUNTY OF ERIE

ERIE COUNTY COURT HOUSE, 140 WEST 6th STREET, ERIE, PENNSYLVANIA 16501

SOC. SEC. NO.

NAME

LEGAL RESIDENCE AT DEATH

DATE AND PLACE OF BIRTH

DATE AND PLACE OF DEATH

CEMETERY AND ADDRESS

SECTION RANGE LOT GRAVE

SERVICE NO. UNIT AND ORGANIZATION

WAR RANK

DATE AND PLACE OF ENTRY

DATE AND PLACE OF DISCHARGE

TYPE OF DISCHARGE

NEXT OF KIN: RELATIONSHIP PHONE

NEXT OF KIN ADDRESS:

I certify that I have examined the proof of service of the within named veteran and find that the statements made herein are correct, and that such service was during a wartime period and residence at the time of death entitles the applicant to the benefits of Erie County.

Director of Veterans Affairs

AFFAIDAVIT BY FUNERAL DIRECTOR:

I hereby certify that I buried the above named defendant, as herebefore stated, and that the expenses of the funeral were $

Has bill been paid in full: Yes ☐ No ☐

Name of Firm

BY

Name

Address

$75.00 BURIAL ALLOWANCE WILL BE PAID TO THE APPLICANT NAMED BELOW:

Signature

Address

Relationship to the Deceased