

- () Allowance of \$100.00 toward the burial expenses of a deceased veteran, and/or
- () Allowance up to \$100.00 toward a county headstone, or
- () Allowance up to \$35.00 toward base for Federal Marker or Headstone, or
- () Allowance up to \$35.00 toward lettering (including military information) on an already existing headstone.

1. Full name of deceased veteran _____
 2. (Place of Birth) _____ (b) Date of Birth _____
 3. Branch of service _____
 4. Give the following information about his/her service:
 - ENLISTED: Date _____ Place _____
 - DISCHARGED: Date _____ Place _____
 - RANK _____ SERIAL NUMBER _____
 - ORGANIZATIONS SERVED WITH: _____
 - TYPE OF DISCHARGE _____ SOCIAL SECURITY # _____
- Veteran was a legal resident of the State of _____ at time of enlistment.

NOTE: If the veteran served under a name other than the one used in this application, give name under which served. _____

5. Give the following information about his/her death and burial:
 - Death: Date _____ Place _____
 - Burial: Date _____ Name of Cemetery _____
 - Location of Cemetery _____
 - (City or Town) _____ (Township or Borough)
6. Legal residence of the veteran at the time of his/her death was at _____
 _____ City of _____ County of Montgomery, Pennsylvania
7. If the veteran resided in a personal care unit or nursing home, provide the address and county in which Bona Fide residency was established upon admission.

8. Payment shall be made to: _____
 _____ Please print

I certify that the information provided is true and correct to the best of my knowledge

 Name of Applicant (Please print)

 Signature of applicant

 Address

 Phone No. _____ Relationship to Deceased

AFFIDAVIT BY UNDERTAKER

I hereby certify that I buried the above-named veteran and that the total expenses of this burial were \$ _____ as per the attached ITEMIZED bill and that the bill () has or () has not been paid.

 Name of Firm

Sworn and subscribed before me this _____ day of _____
 20 _____

 Name _____ Title _____

 Address _____

 Signature _____

Part III Certification of Entitlement

(To be completed by representative of County Commissioners)

I certify that I have examined the proof of service of the deceased service person in this application, and the proof of relationship of the within named surviving spouse, and find that the statements made above are correct, and that the applicant is entitled to payment under Section 421 of the General County Code of 1929, as amended.