

PLEASE ATTACH: CERTIFIED COPY OF DISCHARGE
CERTIFIED COPY OF DEATH CERTIFICATE
COPY OF FUNERAL BILL

APPLICATION FOR BURIAL ALLOWANCE WAR VETERAN OR WIDOW OF WAR VETERAN
ERIE COUNTY COURTHOUSE, 140 WEST 6TH STREET ROOM 101, ERIE, PENNSYLVANIA 16501

SOCIAL SECURITY NUMBER _____

NAME _____
ADDRESS AT TIME OF DEATH _____
DATE AND PLACE OF BIRTH _____
DATE AND PLACE OF DEATH _____
CEMETERY AND THEIR ADDRESS _____
SECTION _____ RANGE _____ LOT _____ GRAVE _____
SERVICE NUMBER _____ UNIT AND ORGANIZATION _____
WAR SERVED IN _____ RANK _____
DATE AND PLACE OF ENTRY _____
DATE AND PLACE OF DISCHARGE _____
TYPE OF DISCHARGE _____ DATE OF VETERANS DEATH _____
NEXT OF KIN _____ RELATIONSHIP _____ PHONE _____
NEST 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 benefit of Erie County.

DIRECTOR OF VETERANS AFFAIRS SIGNATURE

AFFIDAVIT BY FUNERAL DIRECTOR:

I hereby certify that I buried the above named defendant, as here before stated, and that the expenses of the funeral were \$ _____

Has bill been paid in full: _____ YES _____ NO _____

NAME OF FIRM _____

NAME _____

ADDRESS _____

PHONE NUMBER _____

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

SIGNATURE _____

ADDRESS _____

RELATIONSHIP TO THE DECEASED _____