

## APPLICATION FOR BURIAL ALLOWANCE WAR VETERAN OR SPOUSE OF WAR VETERAN

Please attach all of the following:

- Certified copy of discharge
- Certified copy of death certificate
- Copy of the funeral bill

Erie County Courthouse  
140 W. Sixth St., Room 111  
Erie, PA 16501

Social Security number: \_\_\_\_\_

Full name (Deceased): \_\_\_\_\_

Address (at time of death): \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

Date and place of death: \_\_\_\_\_

Cemetery name and address: \_\_\_\_\_

Section: \_\_\_\_\_ Range: \_\_\_\_\_ Lot: \_\_\_\_\_ Grave: \_\_\_\_\_

### SERVICE MEMBERS INFORMATION

Full name (Veteran): \_\_\_\_\_

Service number: \_\_\_\_\_ Unit and organization: \_\_\_\_\_

War served in: \_\_\_\_\_ Rank: \_\_\_\_\_

Date and place of entry: \_\_\_\_\_

Date and place of discharge: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ Date of veteran's death: \_\_\_\_\_

### NEXT OF KIN

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

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: \_\_\_\_\_

## **FEES**

*\$75 burial allowance will be paid to the applicant named below*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to the deceased: \_\_\_\_\_