

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
208 E. Bayfront Parkway
Suite 102 Erie, PA 16507

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: _____