

\$100.00

100.4491.000.6720

APPLICATION FOR BURIAL EXPENSES OF A DECEASED SERVICEMAN
Under Section 424 of the General County Code of 1929, as amended

Part I ----- Affidavit supporting Burial Claim to be executed by the Next of Kin, or Person authorizing service of the Deceased.

I (We) hereby make application for the Burial Expense of a Deceased Serviceman as provided by Section 424 of the General County Code of 1929. as amended in the amount of \$100.00 and hereby certify that the facts set forth below are true and correct to the best of my (our) knowledge and belief.

- 1. Full Name of deceased veteran
2. (a) Place of Birth (b) Date of Birth
3. Make a cross (X) after the branches of service in which the veteran served: Army Navy Air Force Marines Coast Guard Other
4. Give the following information about his (her) service. SOC. SEC. NO.

Table with 6 columns: Date, Enlisted Place, Serial No., Discharged Date, Discharged Place, Rank and Organization, Type of Discharge

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

- 5. Give the following information about the veteran's death and burial.

Table with 9 columns: Death Date, Death Place, Burial Date, Burial Place, Burial Cemetery, Burial Section, Burial Range, Burial Lot, Burial Grave

- 6. Legal residence of the veteran at the time of his (her) death was at Street, City of County of Pennsylvania. Decedent lived at that address for years, months immediately preceding death.
7. Payment of this, allowance shall be made to as all expenses of burial have have not been paid.
8. In witness whereof I have placed my hand and seal this day of 20

Sworn and subscribed before me this day of 20 (Next of Kin or Person authorizing service) (Notary Public) (Address)

Part II ----Affidavit by Undertaker.

I hereby certify that I buried the above named Veteran, as hereinbefore stated, and that the total expenses of this burial were as per the attached itemized bill, and that these expenses have have not been paid.

Sworn and subscribed before me this day of 20 By (Name of Firm) (Name) (Title) (Notary Public) (Address)

**PART III -- Certification of Service**

(To be completed by representative of the County Commissioners)

I have examined the proof of service of the within named Veteran, and find that the statements made above are correct, and that such service during \_\_\_\_\_ War and residence at the time of death entitled the applicant to the benefits of Sec. 421 of the General County Code of 1929, as amended.

\_\_\_\_\_  
(Director of Veterans Affairs)

**Part IV -- Authorization for Payment**

We have satisfied ourselves that the within named deceased serviceman has a legal residence in the County of Luzerne, and that the payment of \$100.00 allowance should be made to:

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

***Penalty***

Every person making a false oath shall be "**guilty of a misdemeanor, and on conviction, shall be sentenced to pay a fine of not exceeding \$500.00, and to undergo imprisonment, by separate or solitary confinement at hard labor, not exceeding seven years and shall be forever disqualified from being a witness in any matter in controversy.**"

(Sec. 14, Act of March 31, 1860, P.L. 382.)

(To Be detached and Mailed to applicant if payment is made to undertaker)

\_\_\_\_\_, 20 \_\_\_\_\_

We have this day drawn a check, in the amount of \$100.00 to the order of \_\_\_\_\_  
as payment of the County Contribution toward the burial expenses of \_\_\_\_\_

CONTROLLER OF LUZERNE COUNTY,

By \_\_\_\_\_  
Clerk

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_