

BURIAL ALLOWANCE
SERVICE PERSON OR WIDOW OR WIDOWER
COUNTY OF WASHINGTON, DEPARTMENT OF VETERANS AFFAIRS
SUITE 703 COURTHOUSE SQUARE – 100 W. BEAU ST.
WASHINGTON, PA 15301

1. Veterans Information:

Name: _____ **Address:** _____

Branch of Service: _____ **Serial #** _____ **Soc. Sec.#** _____ **Rank:** _____

Date of Entry: _____ **Date of Separation:** _____

Date and Place of Birth: _____ **Type of Discharge:** _____

Date and Place of Death: _____ **Date of Burial:** _____

Name and Location Of Cemetery: _____

2. General Information for Widow or Widower (ONLY).

Name of Deceased: _____ **Did deceased re-marry after veterans death:** _____

Legal Residence at Death: _____

Date and Place of Death: _____ **Date of Burial:** _____

Name and Location of Cemetery: _____

3. Designation of Next of Kin or Representative of Deceased. I hereby designate the person or firm listed below as the claimant to the County Burial Allowance of \$75.00.

Name of Claimant: _____ **Claimants Phone Number** _____

Address of Claimant: _____

Name of Next of Kin: _____ **Signature:** _____

Address: _____

Relationship: _____ **Phone#** _____ **Date:** _____

4. Affidavit by Funeral Director:: I hereby certify that I have buried the above named deceased person. If I am designated the payee, the \$75.00 allowance has or will be applied to the decedents account.

Name: _____ **Signature:** _____

Address: _____ **Phone #:** _____

5. CERTIFICATION of SERVICE: I hereby certify that I have examined the proof of service of the above named Veteran. Such service was during a wartime period and residence at the time of death entitles the applicant to the benefits of Washington County.

Date: _____ **Director of Veterans Affairs:** _____

5. AUTHORIZATION FOR PAYMENT

As indicated in item 3, above, Payment of the \$75.00 Allowance will be made to: _____

Account #: _____ **Commissioner**

_____ **Commissioner**

_____ **Commissioner**

Warrant Number _____ **should be drawn in payment of this account,**

to the order of _____

Controller of Treasurer: _____