

HEADSTONE APPLICATION

COUNTY OF WASHINGTON
DEPARTMENT OF VETERANS AFFAIRS
100 WEST BEAU STREET, SUITE 703
WASHINGTON, PA 15301

1. GENERAL AND SERVICE INFORMATION

Application is hereby made at a cost not to exceed \$100.00 for a: (CHECK MEMORIAL DESIRED)

____ HEADSTONE - MILITARY DATA MUST BE INSCRIBED, THEREON

____ BASE FOR A GOVERNMENT MARKER/HEADSTONE

____ LETTERING ON EXISTING MEMORIAL.....ON THE GRAVE OF _____

WHOSE LEGAL RESIDENCE AT TIME OF DEATH WAS: _____

SERIAL # _____ DATE AND PLACE OF BIRTH _____

S.S.# _____ DATE AND PLACE OF DEATH _____

NAME AND LOCATION OF CEMETERY _____

FUNERAL DIRECTOR _____

LOCATION OF GRAVE: SECTION _____ RANGE _____ LOT _____ GRAVE _____

BRANCH OF SERVICE _____

DATE OF ENTRY _____

DATE OF SEPARATION _____

TYPE OF DISCHARGE _____

2. APPROVAL BY APPLICANT (NEXT OF KIN PERSONAL REP. OF VETERAN)

The HEADSTONE, OR LETTERING is to be inscribed as follows: _____

VETERAN _____

YEAR OF BIRTH* _____

YEAR OF DEATH* _____

RANK _____

BRANCH OF SERVICE _____

WAR _____

*MONTH-DATE-YEAR if desired

NAME OF CONTRACTOR OR FIRM _____

ADDRESS _____

PHONE # _____

APPLICANT (Please Print) _____ SIGNATURE _____

ADDRESS _____

RELATIONSHIP _____ PHONE # _____ DATE _____

3. CERTIFICATION OF SERVICE AND AUTHORIZATION FOR ERECTION

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 not to exceed \$100.00.

DATE OF ERECTION AUTHORIZED _____

DIRECTOR OF VETERANS AFFAIRS _____

4. CONTRACTOR CERTIFICATION OF ERECTION

I certify that I have erected _____ on the grave of _____ as per attached invoice

NAME OF CONTRACTOR OR FIRM _____

SIGNATURE AND TITLE _____

ADDRESS _____

DATE _____

5. AUTHORIZATION FOR PAYMENT IN THE AMOUNT OF \$ _____

Payee _____

NAME _____

ADDRESS _____

ACCOUNT # _____ Commissioner

Commissioner

Commissioner

6. WARRANT ORDER

Warrant No. _____ should be drawn in payment of this account,

to the order of _____

CONTROLLER OR TREASURER _____