

APPLICATION FOR VETERANS/SPOUSE BURIAL OR MARKER ALLOWANCE
HUNTINGDON COUNTY, PENNSYLVANIA

PART I - I (We) hereby make application for burial allowance/expenses (Please check applicable allowance applying for.)

Veteran Headstone Lettering Base for Headstone Spouse

Part II - A. Full Name of deceased Veteran / Spouse: _____

B. Date of Birth _____ Place of Birth _____ Date of Death _____

C. Legal residence of the Veteran / Spouse at the time of death was: _____

_____ County of _____ PA . Was a resident

of Huntingdon County for a period of: _____ years _____ Months.

D. Social Security Number: _____

E. Had spouse remarried after veteran's death. _____ Yes _____ NO

Part III - Military Information: Full name of Deceased Veteran _____

A. Induction Date: _____ Place _____

B. Discharge Date: _____ Place _____

C. Rank / Rate _____ Service No. _____

D. Branch of Service _____ Organization _____

E. Type of Discharge _____ Social Security No. _____

Part IV - Give the following information about the veteran's death and burial:

A. Date of Death: _____ Place _____

B. Burial Date: _____ Name of Cemetery: _____

C. Location of Cemetery _____
 (City, Borough, Township, County, State and Zip Code)

D. Location of Grave: Section: _____ Range: _____ Lot: _____ Grave: _____

E. I hereby certify that I buried the above named person, as herein before stated. The expenses have/have not been paid.

F. Payment of this allowance should be made to: _____

G. (Sig.) _____ (Firm) _____

H. In witness whereof I have placed my hand this _____ day of _____, 20____.

 (Personal Representative, Next of Kin)

 (Address, State and zip Code)

Part V: Name of Headstone Contractor: _____

Address: _____

Marker Installation Authorization

You are hereby authorized to _____ on the memorial for _____

in cemetery located at _____ Amount of \$ _____

in Grave No. _____ Lot No. _____ Range No. _____ Section No. _____. The reverse side of the form must be completed and returned to the County for Payment.

(Date of Birth)	(Date of Death)	(Rank)	(Service Organization)	(War)
				Commissioner
				Commissioner
				Commissioner

VETERANS BURIAL INSTRUCTIONS

1. A Deceased Service Person is defined as any person, at the time of death, serving in, or having served in and been honorably separated from the Army, Navy, Air Force, Marine Corps, Cost Guard, (1) during any war in which the United States has been, is now or shall hereafter be engaged, or (2) in a zone where a campaign or state or condition of war (established by the records of the Department of the Federal Government) then existed (Section 1908, "The County Code" of 1955, as amended).
2. Application must be made by the personal representative, if any, of the deceased service person, and if no such personal representative has qualified then by any next of kin, individual, or veterans' organization, or which assumes responsibility for the cost of burial of the body. (Section 1911, "The County Code" of 1955, as amended).
3. Application must be made within one year from the date of death, except where the deceased service person died while in the service when application may be made at any time thereafter.
4. The application must be fully completed, and the following legible documents must be attached to this application:
 - (a) Official Death Certificate, record of the church, burial association or cemetery copy maintaining the cemetery in which he/she was buried.
 - (b) Honorable Discharge, DD 214 Certificate, or other official record showing war service or service in zone where campaign, or state, or condition of war existed. Copy of War, Navy Department or Air Force records on file with State Department of Military Affairs will be accepted.
 - (c) Copy of funeral bill.
 - (d) Proof of legal residency of Huntingdon County at time of death.

Penalty

Every person making a false oath may be guilty of a felony of the third degree pursuant to the Pennsylvania Criminal Code and will be subject to punishment pursuant to the terms thereof (Section 1, Act of December 6, 1972, P. L. 18 PA C. S. A. Sections 4902, 4903).

Certification of Service and Authorization for Payment by County.

I have examined the proof of service of the above named veteran, and find that the statements made above are correct, and that such service during _____ and residence at the time of death entitled the applicant to the benefits of Section 1909 of "The County Code" of 1955, as amended.

(Title: County Director of Veterans' Affairs
Form: HCVA NO. 1 01/2009

Commissioner

Commissioner

Commissioner

CERTIFICATION OF MARKER INSTALLATION

To be returned by contractor on the completion of the work. Payment will be made upon completion and certification of form and its return to: Huntingdon County Veteran's Affairs Office, 205 Penn Street, Annex I
Huntingdon, PA 16652

I certify that I have _____ on the grave of _____
at the cost of \$ _____ as per authorization on the reverse side of this form.

(Signature)

Name of Firm