

BUCKS COUNTY

**Claim for Burial Expenses of a Deceased Service Man's Widow
Under Section 424 of the General County Code of 1929, as amended**

WIDOWS BURIAL APPLICATION

Part 1 – Affidavit supporting Burial Claim, to be executed by Next of Kin, or Friend of Deceased.

I (We) hereby make application for the Burial Expenses of a Widow of a Deceased Service Man, 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 knowledge and belief:

1. (a) Full name of deceased widow _____
 (b) Date of Death _____ (c) Place of Death _____
 (d) Legal residence at the time of death was _____ Street.
 City of _____, County of _____, PA.
 She resided at this address for _____ years and _____ months immediately prior to her death.
 (e) Date of Burial _____ (f) Place of Burial _____
2. (a) Name of deceased husband _____
 (b) The veteran served during the _____ War. Rank _____
 Co. _____ Regiment _____ Division.
 Serial Number _____
 (c) Date of Enlistment _____ (d) Date of Discharge _____
 (e) Date of Death _____ (f) Place of Burial _____
 (g) Veteran was a legal resident of State of _____ at time of enlistment.
 (h) Veteran was a resident of County of _____ at time of death.
3. Payment of this allowance shall be made to _____ as all
 Expenses of burial have * not been paid.

In witness whereof I have placed my hand and seal this _____
 Day of _____, 20_____. (Sig.) _____
 Sworn and subscribed before me this _____
 Day of _____, 20_____. (Next of Kin or Friend)

 (Notary Public) (Address)

Part II – Affidavit by Undertaker.

I hereby certify that I buried the above named widow of a deceased service man, as hereinbefore Stated, and that the total expenses of burial were \$ _____, as per the attached itemized bill, and that These expenses have have not been paid.

Sworn and subscribe before me this _____
 Day of _____, 20 _____ (Name of Firm)

 (Notary Public) By _____ (Name) _____ (Title)
 _____ (Address)

Part III – Certification of Entitlement.

(To be completed by representative of County Commissioners)

I certify that I have examined the proof of service of the deceased service man named in this application, and the Proof of relationship of the within named widow, and find that the statements made above are correct, and that the Applicant is entitled to payment under Section 424 of the General County Code of 1929, as amended.

Title: Registrar of Veterans' Graves

