

FORM #2
BUCKS COUNTY VETERANS BENEFITS

Application is hereby made for the following under Act of August 1955, P.L. 323
() Allowance of up to \$50.00 toward base for federal marker or headstone.

1. Full name of deceased veteran _____
2. (a) Place of Birth _____ (b) Date of Birth _____
3. Mark a cross (X) after branches of service in which he served. Army _____ Navy _____ Marine Corps _____
Coast Guard _____ Air Force _____
4. Give the following information about his/her service:

ENLISTED: Date _____ Place _____

DISCHARGED Date _____ Place _____

Veteran was a legal resident of the State of _____ at the time of enlistment.

RANK _____ Service Number _____

ORGANIZATIONS SERVED WITH: _____

TYPE OF DISCHARGE: _____

Note: If he/she served under a name other than the one used in this application, give name under which he/she served:

5. Give the following information about his/her death and burial:

Death: Date _____ Place _____

Burial: Date _____ Place _____

Mailing Address of Cemetery _____

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

6. Legal residence of veteran at the time of his/her death was at _____ Street

City of _____ County of Bucks, Pennsylvania.

Decedent lived at that address for _____ years, _____ months immediately preceding death, and was a resident
Of Bucks County for a period of _____ years immediately preceding death.

7. Payment of this allowance shall be made to: _____

As all expenses of burial have/have not been paid. Note: Strike out word when same does not apply.

Sworn and subscribed before me this _____

Name _____

Day of _____ 20 _____

Signature _____

Address _____

Notary Public _____

Phone # _____ Relationship _____

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(To be returned by the contractor on the completion of the work)

CERTIFICATION OF ERECTION

To the Commissioners of Bucks
Doylestown, Pennsylvania:

I certify that I have erected a __foundation for a Government Marker on the grave of _____
at the cost of \$ _____, as per the Erection Authorization appearing on the reverse of this form.

Sworn and subscribed before me this _____

Day of _____ 20 _____

(Notary Public)

(Name of Firm)

Name Title

Note : Payment of this account will not be made until this completed and notarized form is returned by the contractor.
If bill has already been paid, please designate party to be reimbursed.

Instructions

1. Discharge and certified copy of death certificate must accompany this application. No application will be given Consideration unless fully completed. See below for more specific instructions.
2. 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, Coast Guard, or any women's organization officially connected therewith, (1)during any war or armed conflict 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 or armed conflict (established by the records of the Department of Defense of the Federal Government) then existed. (sec. 1908, 'The County Code' of 1955, as amended)
3. Application for the burial allowance must be filled WITHIN ONE YEAR OF DATE OF DEATH OF VETERAN. It should be made by The next of kin, personal representative, friend or any veterans organization who or which assumes responsibility for the burial Of the veteran. Certified copy of death certificate, service papers giving full information, as well as an itemized statement from The undertaker of the expenses incurred in the burial must be attaché to this application.
4. Application for headstone, lettering on existing memorial, or concrete base for government marker or headstone shall be made By any relative or friend of the deceased serviceman. THERE IS NO TIME LIMIT. Death certificate and discharge must accompany The application. Approved by the County Commissioners must be obtained before commencement of work by the contractor. Affidavit as to the erection of the memorial by the contractor is require as well as an invoice.

(To be detached and forwarded to the contractor)

ERECTION AUTHORIZATION

You are hereby authorized to erect a _____ on Grave # _____ Lot # _____
 Range # _____, Section _____ in _____ Cemetery located
 In _____, PA, as per your _____ amounting to \$ _____

The Memorial is to be inscribed as follows: _____
 (Name of Veteran)

 (Year of Birth) (Year of Death) (Rank) (Company) (Regiment) (Division) (War)

 _____ Commissioners
 _____ Commissioners
 _____ Commissioners