

# Application for Burial Benefit (\$150.00) for a Deceased Veteran OR a Deceased Spouse of a Veteran

Mail completed Application along with a Death Certificate and Military Discharge Documentation to:  
Tioga County Veterans Affairs - 1835 Shumway Hill Rd. Suite 1 Wellsboro, PA 16901  
or Fax to: (570) 723-8403 or e-mail to: [tcveterans@tiogacountypa.us](mailto:tcveterans@tiogacountypa.us)

## Part I – Affidavit Supporting Claim of Burial Benefit

PLEASE CHECK **ONLY** ONE:

NAME OF DECEASED VETERAN \_\_\_\_\_

NAME OF DECEASED SPOUSE \_\_\_\_\_

Provide name used, if served under a name different than the one used on this application \_\_\_\_\_

Name of Veteran \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Branch of Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Rank \_\_\_\_\_ Serial # \_\_\_\_\_ Induction Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

Veteran's Date of Death \_\_\_\_\_ Place of Death of Veteran and/or Spouse \_\_\_\_\_

Spouse Date of Death: \_\_\_\_\_ Did decedent remarry after spouse's death?    **yes**    **no**

Legal residence of the Veteran at the time of death: \_\_\_\_\_

(city) \_\_\_\_\_ County of \_\_\_\_\_ Pennsylvania.

Cremation/Burial Date \_\_\_\_\_ Name of Cemetery \_\_\_\_\_

Location of Grave:    Section \_\_\_\_\_ Lot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

Payment of this allowance shall be made to:    Veteran    Spouse    NOK    Funeral Home

Please check one: Have funeral/burial expenses been paid in full?    **yes**    **no**

Signature of Decedent's Next of Kin or Personal Representative \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

## Part II – Certification by Funeral Home Director

**I hereby certify that I have supervised the funeral and/or burial arrangements for the above named veteran or veteran's spouse.**

Signature & Title \_\_\_\_\_ Name of Firm \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

## Part III - Certification of Entitlement (To be completed a by representative of the Tioga County Veterans Affairs Office)

I have examined proof of service of the within named veteran and find that the statements made above are correct and that such service and residence at time of death entitled the applicant to the benefits of Subdivision (b) Article 19 of "The County Code" of 1955, as amended.

\_\_\_\_\_, Director of Veterans Affairs or Designee    Date \_\_\_\_\_

## Part IV - Authorization for Payment (To be completed by representative of the County Commissioners)

We have satisfied ourselves that the within named deceased service person had a legal residence in the County of Tioga, and that the payment of \$ 150.00 allowance should be made

to: \_\_\_\_\_ (Commissioner)

Name \_\_\_\_\_ (Commissioner)

Address \_\_\_\_\_ (Commissioner)

## Part V - Warrant Order

Warrant No. \_\_\_\_\_ should be drawn in payment of this account, to the order of \_\_\_\_\_

Signature \_\_\_\_\_, Controller or Treasurer    Date \_\_\_\_\_