

APPLICATION FOR CARE OF VETERANS GRAVES

Tim Cleveland
Director of Veterans Affairs



Vaughn Ceccacci
Deputy Director

Tioga County Veterans Affairs
1835 Shumway Hill Road
Suite 1
Wellsboro, PA 16901
(570) 723-8141

Jodi Stevens
VSO/Admin Asst.

I hereby submit a bill for the sum of \$ _____ for services rendered in caring for _____ Veterans' graves at \$3.50 per grave for the year of _____ in _____ Cemetery.

City: _____
Borough: _____
Township: _____ Tioga County, PA

I certify that such care has been performed for the year of _____.

Signature & Title

Date

Check payable to:

Name

Phone Number

Address

City & State

Note: New applicants are required to submit a Roster for Care of Veterans' Graves along with this application. All other applicants must submit an updated roster with this application only when new Veterans' graves are added to the cemetery. DO NOT include graves receiving perpetual care. The law directs that the graves herein noted must have no other care than that which is paid for by the county.

Completed applications may be mailed, faxed or e-mailed to our office:

MAIL:

FAX:

EMAIL:

***Tioga County Veterans Affairs
1835 Shumway Hill Road
Suite 1
Wellsboro, Pa 16901***

(570) 723-8403

tcveterans@tiogacountypa.us

ROSTER FOR CARE OF VETERANS' GRAVES

Name of Cemetery _____ Year _____

Name	Rank	War
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. _____		
13. _____		
14. _____		
15. _____		
16. _____		
17. _____		
18. _____		
19. _____		
20. _____		
21. _____		
22. _____		
23. _____		
24. _____		
25. _____		

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