

**APPLICATION FOR VETERAN / SPOUSE BURIAL OR MARKER ALLOWANCE**  
**FRANKLIN COUNTY, PENNSYLVANIA**

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

Veteran

Spouse

---

PART II --- A. Full name of deceased Veteran / Spouse \_\_\_\_\_

B. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

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

\_\_\_\_\_ County of \_\_\_\_\_ PA

D. Social Security Number: \_\_\_\_\_

---

PART III --- Military Information

A. Induction Date \_\_\_\_\_ Place \_\_\_\_\_

B. Discharge Date \_\_\_\_\_ Place \_\_\_\_\_

C. Rank / Pay Grade \_\_\_\_\_ Service Number \_\_\_\_\_

D. Branch of Service \_\_\_\_\_ Organization \_\_\_\_\_

E. Type of Discharge \_\_\_\_\_ Legal Resident of the State of \_\_\_\_\_

---

PART IV --- Give the following information about the veteran's / spouse's death and burial:

A. Death: Date \_\_\_\_\_ Place \_\_\_\_\_

B. Burial: Date \_\_\_\_\_ Name of Cemetery \_\_\_\_\_

C. Address of Cemetery \_\_\_\_\_

D. Location of Grave: Section \_\_\_\_\_ Range \_\_\_\_\_ Lot \_\_\_\_\_ Grave \_\_\_\_\_

E. I hereby certify that I buried the above named veteran / spouse, as hereinbefore stated.

The expenses have / have not been paid. The amount was \$ \_\_\_\_\_.

F. SIGNATURE \_\_\_\_\_ Firm \_\_\_\_\_

(Address and zip code)

G. In witness whereof I have placed my hand this \_\_\_\_\_ day of \_\_\_\_\_

Signature \_\_\_\_\_

(Personal Representative, Next of Kin, or Individual)

(Address)

H. Payment of this allowance shall be made to \_\_\_\_\_

---

PART V --- Certification of Service and Authorization for Payment by County of Franklin

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: