

FORM #1
BUCKS COUNTY VETERANS BENEFITS

Application is hereby made for the following under Act of August 1955, P.L. 323
() Allowance of \$100 toward the burial expenses of a deceased veteran

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.

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 _____

AFFIDAVIT BY UNDERTAKER

I hereby certify that I buried the above-named veteran and that the total expenses of this burial were
\$ _____ as per attached ITEMIZED bill and that the bill ___Has been paid ___Has NOT been paid

Sworn and subscribed before me this _____

Day of _____ 20 _____

Name of Firm _____

Name _____ Title _____

Address _____

Signature _____

(To be completed by representative of County Commissioners)

I certify that I have examined the proof of service of the deceased service man/woman named in this application, and the proof of relationship the within named widow(er), and find that the statements made above are correct, and that the applicant is entitled to payment.

Certification of Eligibility: _____

(Title: Registrar of Veterans' Graves)

