

# Bucks County Veterans Benefits

Application is hereby made for the following under Act of August 9, 1955, P.L.323

**( ) Allowance of \$100 toward the burial expenses of a deceased veteran**

## Steps For Filling Out the Form:

1. Fill out form online
2. Print entire form
3. Fill in the blanks
4. Include any necessary attachments
5. Mail to the address at the bottom of this page

1. Full name of deceased veteran:
2. Place of Birth:
3. Date of Birth:
4. Which branches of service have they served:
5. Give the following information about their service:
  - 5a. Enlisted Date:
  - 5b. Enlisted Place:
  - 5c. Discharged Date:
  - 5d. Discharged Place:
  - 5e. At the time of enlistment, what state was the Veteran a legal resident
  - 5f. Rank:
  - 5g. Serial Number:
  - 5h. Organizations Served With:
  - 5i. Type of Discharge:
  - 5j. Note: If he/she served under a name other than the one used in this application, give then under which he/she served:
6. Give the following information about his/her death and burial:
  - 6a. Date of Death:
  - 6b. Place of Death:
  - 6c. Date of Burial:
  - 6d. Name of Cemetery:
  - 6e. Mailing Address of Cemetery:
    - Address:
    - City:
    - State:
    - Zip:

6f. Location of Grave:

Section:

Range:

Lot:

Grave:

7. Legal residence of veteran at the time of his (her) death was at:

7a. Address:

7b. City:

8. Payment of this allowance shall be made to:

Sworn and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_

Notary Public Signature

Name (Print):

Signature of Applicant:

Address:

City:

State:

Zip:

Phone Number:

Relationship to Deceased:

**Affidavit by Undertaker**

I hereby certify that I buried the above-named veteran and that the total expenses of this burial were, as per attach.

ITEMIZED bill and that the bill:

Sworn and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_

Name of Firm:

Name:

Title:

Address1:

Address2:

City:

State:

Zip:

Signature:

**\*\*To be completed by representatives of County Commissioners\*\***

I certify that I have examined the proof of 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 \_\_\_\_\_

**Steps For Filling Out the Form:**

1. Fill out form online
2. Print entire form
3. Fill in the blanks
4. Include any necessary attachments
5. Mail to the address below

**Neshaminy Manor Center**  
Building K  
Route 611 & Almshouse Rd.  
Doylestown, PA 18901  
Ph: 215-345-3307

**Bucks County Government Services Center**  
Branch Office  
7321 New Falls Rd.  
Levittown, PA 19055  
Ph: 215-949-5800