

Bucks County Veteran's Benefits

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

() Allowance of \$50 toward base for federal marker of headstone

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. Location of Cemetery:
(City or Town)
 - 6e. Mailing Address of Cemetery: (Township or Borough)
7. Legal residence of veteran at the time of his (her) death was at:
 - 7a. Address:
 - 7b. City:
8. Decedent lived at that address for _____ years, _____ months immediately preceding

death, and was a resident of Bucks County for a period of _____ years immediately preceding death.

9. Payment of this allowance shall be made to:

****This form is to be printed and returned by the contractor on the completion of the work****

Sworn and subscribed before me this _____

day of _____, 20____

Certification of Eligibility:

(Title: Registrar of Vet's graves)

Name (Print):

Signature of Applicant:

Address1:

Address2:

City:

State:

Zip:

Phone Number:

Relationship to Deceased:

****This form is to be printed and returned by the contractor on the completion of the work****

Certification of Erection

To the Commissioners of Bucks County Doylestown, Pennsylvania:

I certify that I have erected a Foundation for Government Marker on the grave of _____ at a cost of \$ _____, as per the Erection Authorization

Sworn and subscribed before me this _____

day of _____, 20____

Name of Firm:

Name:

Title:

Sworn and subscribed before me this _____

day of _____, 20____

Notary Public _____

****Note: Payment of this account will not be made until this completed and notarized form is returned by the contractor with invoice. If bill has already been paid, please designate party to be reimbursed.****

Instructions:

1. Discharged and certified copy of death certificate must accompany this application. No application will be given consideration unless fully completed. See below for more specific instructions.

2. A Deceased Service Person is defined as any person, at the time of death, serving in, or having served in and been honorably separated from the Army, Navy, Air Force, Marine

Corps, Coast Guard, or any women's organization officially connected therewith, (1) during any war or armed conflict in which the United States has been, is now or shall hereafter be engaged, or (2) in a zone where a campaign or state or condition of war or armed conflict (established by the records of the Department of Defense of the Federal Government) then existed. (Sec. 1908, 'The County Code' of 1955, as amended.)

3. Application for the burial allowance must be filled WITHIN ONE YEAR OF DATE OF DEATH OF VETERAN. It should be made by the next of kin, personal representative, friend or any veterans organization who or which assumes responsibility for the burial of the veteran. Certified copy of death certificate, service papers giving full information, as well as an itemized statement from the undertaker of the expenses incurred in the burial must be attached to this application.

4. Application for headstone, lettering on existing memorial, or concrete base for government marker or headstone shall be made by any relative or friend of the deceased serviceman. THERE IS NO LIMIT. Death certificate and discharge must accompany the application. Approval by the County Commissioners must be obtained before commencement of work by the contractor. Affidavit as to the erection of the memorial by the contractor is required as well as an invoice.

****To be detached and forwarded to the contractor****

Erection of Authorization

You are hereby authorized to erect a _____ on _____
Grave No. _____ Lot No. _____ Range No. _____ , _____
Section _____ , in _____ Cemetery located in _____ , PA., as per your
_____ amounting to \$ _____

The memorial is to be inscribed as follows:

Name of Veteran:

Year of Birth:

Year of Death:

Rank:

Company:

Regiment:

Division:

War:

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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