

Deceased Spouse's Burial

Claim For Burial Expenses of a Deceased Service Person's Spouse
Under Section 424 of the General County Code of 1929 as amended

INSTRUCTIONS

1. A Deceased Service Person's Spouse is defined as the unremarried spouse of any soldier, sailor or marine who has served with the combative forces of the United States during any war or campaign in which the United States has been engaged, and who has been honorably discharged from such periods of service, according to the records of the War or Navy Departments.
2. Application shall be made by the personal representative or next of kin of the spouse, individual or any veterans organization who or which assumes responsibility for the burial of the spouse.
3. Application must be made within a year from death date. No application will be given consideration unless fully completed.
4. **Certified copy of the public record of death must be attached to this application.**

APPLICATION FOR LEHIGH COUNTY RESIDENTS

APPLICATION

Affidavit supporting Burial Claim, to be executed by Next of Kin, or Friend of Deceased.

I (We) hereby make application for the Burial Expenses of a Spouse of a Deceased Service Person as provided by Section 424 of the General County Code of 1929, as amended, in the amount of \$100.00 and hereby certify that the facts set forth below are true and correct to the best of my knowledge and belief.

1. (a) Full name of deceased Spouse _____
(b) Date of Death _____ (c) Place of Death _____
(d) Legal residence at the time of death was _____
City of _____ **County of Lehigh, PA.**
Spouse resided at this address for _____ years and _____ months immediately prior to death.
(e) Date of burial _____ (f) Place of Burial _____
2. (a) Name of deceased service person _____
(b) The veteran served during the _____ War as a _____
in Co. _____ Regiment of _____ Division.
(c) Date of Enlistment _____ (d) Date of Discharge _____
(e) Date of Death _____ (f) Place of Death _____
3. Payment of this allowance shall be made to _____ as all expenses of burial have *not been paid.

By _____ (Name of Firm) _____ Sig. _____
(Name) (Title) (Next of Kin or Friend)
(Address) (Telephone) (Address)

(Note: *Strike out word not when same does not apply.)

Certification of Entitlement.

City, State, Zip

(To be completed by Assistant Director of Veterans Affairs)

I certify that I have examined the proof of service of the deceased service person named in this application, and the proof of relationship of the above named spouse and find that the statements made above are correct and that the applicant is entitled to payment under Section 421 of the General County Code of 1929, as amended.

Assistant Director, Veterans Affairs

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Authorization for Payment.

I have satisfied myself that the above named deceased spouse of a deceased service person had legal residence in the County of Lehigh, and that payment of **\$100.00** allowance should be made to _____

PENALTY

Every person making a false oath is guilty of a felony and on conviction will be sentenced to pay a fine not exceeding \$3,000.00 or to undergo imprisonment of separate or solitary confinement, at labor not exceeding seven years or both, and will be forever disqualified from being a witness in any matter in controversy. (Section 322, Act of June 24, 1939, P.L. 872.)