

HEADSTONE LETTERING ALLOWANCE APPLICATION

WARTIME VETERAN (HONORABLE)

COUNTY OF BLAIR, DIRECTOR OF VETERANS AFFAIRS

423 Allegheny Street, Suite 112

Hollidaysburg, PA 16648

PHONE: (814) 693-3160 / FAX: (814) 693-3159

VETERAN'S NAME: _____ SERVICE #: _____

LEGAL RESIDENCE AT DEATH: _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

WAR: _____ DATE OF ENLISTMENT: _____

DATE OF DISCHARGE: _____ BRANCH OF SERVICE: _____

LAST UNIT ASSIGNED: _____ RANK: _____

CEMETERY AND LOCATION: _____

NEXT OF KIN: _____ RELATIONSHIP: _____

NEXT OF KIN'S ADDRESS: _____

NEXT OF KIN'S CERTIFICATION OF TRUTH: _____

Signature

FUNERAL DIRECTOR

I certify the above named Wartime Veteran was buried on: _____. The lettering allowance of \$40.00 shall be paid to the: **Funeral Director:** _____ **Next of Kin:** _____.

Funeral Director's Signature

Funeral Director's Address / Phone

DIRECTOR, BLAIR COUNTY VETERANS AFFAIRS

I certify I have examined the Military Discharge and Death Certificate provided with this application and find them to be true. I also find that the Veteran was Honorably discharged from Active Duty during Wartime for other than Training Purposes. The Veteran was a legal resident of Blair County at their time of death.

Director, Blair County Veterans Affairs

**** COPIES OF THE DEATH CERTIFICATE AND THE VETERAN'S WARTIME, HONORABLE, ACTIVE DUTY DISCHARGE MUST BE PROVIDED WITH THIS APPLICATION.****