

***BURIAL 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 burial allowance of \$75.00 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. **The Veteran was Honorably discharged from Active Duty and served 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 VETERAN'S DEATH CERTIFICATE AND WARTIME, HONORABLE, ACTIVE DUTY DISCHARGE MUST BE PROVIDED WITH THIS APPLICATION\*\***