

BURIAL ALLOWANCE APPLICATION
WIDOW OF 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

WIDOW'S NAME: _____ VETERAN'S NAME: _____

LEGAL RESIDENCE AT DEATH (WIDOW): _____

WIDOW'S DATE OF BIRTH: _____ WIDOW'S DATE OF DEATH: _____

CEMETERY / LOCATION: _____

VETERAN'S DATE OF DEATH: _____ BRANCH OF SERVICE: _____

DATE VETERAN ENTERED MILITARY: _____ DATE DISCHARGED: _____

WAR: _____ RANK: _____ UNIT LAST ASSIGNED: _____

NEXT OF KIN OF WIDOW: _____ RELATIONSHIP: _____

ADDRESS: _____

NEXT OF KIN'S CERTIFICATION OF TRUTH: _____

Signature

FUNERAL DIRECTOR

I certify the above named Wartime Veteran's Widow 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 widow was a legal resident of Blair County at their time of death.

Director, Blair County Veterans Affairs

****COPIES OF THE WIDOW'S DEATH CERTIFICATE AND VETERAN'S WARTIME, HONORABLE, ACTIVE DUTY DISCHARGE MUST BE PROVIDED WITH THIS APPLICATION. IF THE VETERAN WAS NOT BURIED IN BLAIR COUNTY, PLEASE ALSO PROVIDE THE VETERAN'S DEATH CERTIFICATE. ****