

Potter County Burial Benefit Application
(\$150.00) for a Deceased Veteran OR a (\$75.00) for a Deceased Spouse of a Veteran

Mail completed Application along with a Death Certificate and Military Discharge Documentation to:
Potter County Veterans Affairs - 1 North Main Street, Suite 107, Coudersport, PA 16915
or Fax to: (814) 260-0047 or e-mail to: pc-vets@pottercountypa.net

Part I – Affidavit Supporting Claim of Burial Benefit

PLEASE CHECK **ONLY** ONE:

NAME OF DECEASED VETERAN _____

NAME OF DECEASED SPOUSE _____

Provide name used, if served under a name different than the one used on this application _____

Name of Veteran _____ Date of Birth _____ Place of Birth _____

Branch of Service _____ Type of Discharge _____

Rank _____ Serial # _____ Induction Date _____ Discharge Date _____

Veteran's Date of Death _____ Place of Death of Veteran and/or Spouse _____

Spouse Date of Death: _____ Did decedent remarry after spouse's death? **yes** **no**

Legal residence of the Veteran at the time of death: _____

(City) _____ County of _____ Pennsylvania.

Cremation/Burial Date _____ Name of Cemetery _____

Location of Grave: Section _____ Lot _____ Row _____ Grave _____

Payment of this allowance shall be made to: Veteran Spouse NOK Funeral Home

Please check one: Have funeral/burial expenses been paid in full? **Yes** **No**

Signature of Decedent's Next of Kin or Personal Representative _____

Printed Name _____ Relationship to Decedent _____

Address _____ Date _____

Part II – Certification by Funeral Home Director

I hereby certify that I have supervised the funeral and/or burial arrangements for the above named Veteran or Veteran's Spouse.

Signature & Title _____ Name of Firm _____

Address _____ Date _____

Part III - Certification of Entitlement (To be completed a by representative of the Potter County Veterans Affairs Office)

I have examined proof of service of the within named veteran and find that the statements made above are correct and that such service and residence at time of death entitled the applicant to the benefits of Subdivision (b) Article 19 of "The County Code" of 1955, as amended.

_____, Director of Veterans Affairs or Designee Date _____

Part IV - Authorization for Payment (To be completed by representative of the County Commissioners)

We have satisfied ourselves that the within named deceased service person had a legal residence in the County of Potter, and that the payment of \$150.00 \$75.00 allowance should be made to:

Name _____

Address _____

_____(Commissioner)

_____(Commissioner)