BUCKS COUNTY

Claim for Burial Expenses of a Deceased Service Man's Widow Under Section 424 of the General County Code of 1929, as amended

WIDOWS BURIAL APPLICATION

Part 1 – 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 Widow of a Deceased Service Man, 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:

(b) Date of Death	1.	(a)	Full name of deceased widow			
City of		(b)	Date of Death(c) Place of Death			
She resided at this address for		(d)	Legal residence at the time of death wasStreet.			
(e) Date of Burial		City	ty of, County of, P.			
2. (a) Name of deceased husband		She r	resided at this address foryears and	dmonths imme	diately prior to her death.	
(b) The veteran served during the		(e)	Date of Burial	(f) Place of Burial		
Co	2.	(a)	Name of deceased husband			
Serial Number		(b) The veteran served during the		War. Rank		
(c) Date of Enlistment		Co		giment	Division.	
(e) Date of Death			Serial Number			
(g) Veteran was a legal resident of State of		(c)	Date of Enlistment	(d) Date of Discharge		
(h) Veteran was a resident of County ofat time of death. 3. Payment of this allowance shall be made toas all Expenses of burial have * not been paid. In witness whereof I have placed my hand and seal this Day of? (Sig.)		(e)	Date of Death	(f) Place of Burial		
3. Payment of this allowance shall be made toas all Expenses of burial have * not been paid. In witness whereof I have placed my hand and seal this		(g)	Veteran was a legal resident of State of		at time of enlistment.	
Expenses of burial have * not been paid. In witness whereof I have placed my hand and seal this		(h)	Veteran was a resident of County of		at time of death.	
In witness whereof I have placed my hand and seal this	3.	Payme	ent of this allowance shall be made to		as all	
Part II – Affidavit by Undertaker. I hereby certify that I buried the above named widow of a deceased service man, as hereinbefore stated, and that the total expenses of burial were \$, as per the attached itemized bill, and that these expenses have have not been paid. Sworn and subscribe before me this		Day of Sworn	f,2 and subscribed before me this	(Sig.)		
I hereby certify that I buried the above named widow of a deceased service man, as hereinbefore stated, and that the total expenses of burial were \$, as per the attached itemized bill, and that these expenses have have not been paid. Sworn and subscribe before me this Day of, 20	(Notary Public)			(Address)		
Day of	stat thes	ed, and tl se expens	I hereby certify that I buried the above named hat the total expenses of burial were \$es have have not been paid.			
(Notary Public) By (Name) (Title) (Address) Part III – Certification of Entitlement.	SWC	orn and st	ibscribe before me this			
(Notary Public) (Name) (Address) Part III – Certification of Entitlement.	Day of, 20			(Name of Firm)		
(Notary Public) (Name) (Address) Part III – Certification of Entitlement.				Bv		
Part III – Certification of Entitlement.		(Notary F	Public)	-	(Title)	
	Dow	till Con	atification of Fatitlemout	(A	address)	
(To be considered by consideration of Occupts Occuptions)	ran	. III – Cer				

(To be completed by representative of County Commissioners)

I certify that I have examined the proof of service of the deceased service man named in this application, and the Proof of relationship of the within named widow, and find that the statements made above are correct, and that the Applicant is entitled to payment under Section 424 of the General County Code of 1929, as amended.

Title: Registrar of Veterans' Graves