

# APPLICATION FOR BURIAL ALLOWANCE — WAR VETERAN COUNTY OF BUTLER

Soc. Sec. No. \_\_\_\_\_

Name \_\_\_\_\_ XC No. \_\_\_\_\_

Legal Residence at Death \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date and Place of Death \_\_\_\_\_

Cemetery and Address \_\_\_\_\_

Section \_\_\_\_\_ Range \_\_\_\_\_ Lot \_\_\_\_\_ Grave \_\_\_\_\_ Service No. \_\_\_\_\_

War \_\_\_\_\_ Rank \_\_\_\_\_ Unit and Organization \_\_\_\_\_

Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Next of Kin Address \_\_\_\_\_

I certify that I have examined the proof of service of the within named veteran and find that the statements made herein are correct, and that such service was during a wartime period and residence at the time of death entitles the applicant to the benefits of Butler County.

\_\_\_\_\_  
Representative of County Commissioners

## AFFIDAVIT BY FUNERAL DIRECTOR

I hereby certify that I buried the above named veteran, as herein before stated, and that the expense of the funeral was \$\_\_\_\_\_.

Has bill been paid in full? (Yes) ☐ (No) ☐

\_\_\_\_\_  
(Name of Firm)

By \_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone No.)

**\$100 BURIAL ALLOWANCE WILL BE PAID TO THE APPLICANT NAMED BELOW:**

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

# APPLICATION FOR BURIAL ALLOWANCE — WAR VETERAN'S WIDOW COUNTY OF BUTLER

Name of Widow \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date and Place of Death \_\_\_\_\_

Legal Residence at Death \_\_\_\_\_

Place of Burial \_\_\_\_\_

Name of Deceased Husband \_\_\_\_\_ Social Security No. \_\_\_\_\_

Husband's Rank \_\_\_\_\_ Unit and Organization \_\_\_\_\_

Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

War \_\_\_\_\_ Service Number \_\_\_\_\_

Date of Death \_\_\_\_\_

Place of Burial \_\_\_\_\_

Honorable Discharge Certificate of Deceased Husband, Official Copy of Death Certificate of Husband and Widow, and a Statement of the Funeral Director must be furnished with this application.

I certify that I have examined the proof of service of the within named veteran and find that the statements made herein are correct, and that such service was during a wartime period and residence at the time of death entitles the applicant to the benefits fo Butler County.

\_\_\_\_\_  
Representative of County Commissioners

## AFFIDAVIT BY FUNERAL DIRECTOR

I hereby certify that I buried the above named veteran, as herein before stated, and that the expense of the funeral was \$\_\_\_\_\_.

Has bill been paid in full? (Yes) ☐ (No) ☐

\_\_\_\_\_  
(Name of Firm)

By \_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone No.)

## \$100 BURIAL ALLOWANCE WILL BE PAID TO THE APPLICANT NAMED BELOW:

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_