## APPLICATION FOR HEADSTONE EXPENSE BENEFIT (\$100) FOR DECEASED VETERAN

## Lycoming County Office of Veterans Affairs - 48 West Third Street, Williamsport, PA 17701

Part I – Affidavit Supporting Claim of Headstone Expense Benefit – to be used for the purchase/erection of a private headstone, lettering on an existing headstone, or the base of a VA-provided military headstone.

PLEASE CHECK ONE:

□ application for burial benefit is attached to this application.

□ application for burial benefit has been submitted previously to the Lycoming County Office of Veterans Affairs.

NAME OF DECEASED VETE	RAN		
Date of Death / /	Date of Burial:	/	1
Branch of Service			_ Type of Discharge
Rank	_ Induction Date /	1	Place of Induction
Serial #	Discharge D	ate /	
Unit/Organization			
Veteran was a resident of			County at the time of death.
Headstone is located at:			
Name of Cemetery			
Location of Grave: Section _		Lot	Row Grave
Payment of this allowance sh	all be made to		
This is to certify that the head	stone/lettering/base has	been or w	will be erected or installed at the location stated above.
(Signature)			(Printed Name)
(Relationship to Decedent)			(Address)
I have examined proof of serv	vice of the within named pplicant to the benefits o	veteran ar f Subdivis	resentative of the County Commissioners) nd find that the statements made above are correct and that residence sion (b) Article19 of "The County Code" of 1955, as amended.
	<u>ayment</u> (To be complete hat the within named dec	d by repre	, Dir. of Veterans Affairs or Designee resentative of the County Commissioners) ervice person had a legal residence in the County of Lycoming, and that the
			(Commissioner)
			(Commissioner)
			(Commissioner)
Part IV - Warrant Order			
Warrant No.	shou	ld be draw	wn in payment of this account, to the order of
			, Controller or Treasurer