

APPLICATION FOR \$75.00 BURIAL EXPENSE

*When completed, email to zjpearson@mckeancountypa.org or fax 814-887-3101. If sending by mail,

Zachariah J Pearson
500 W. Main St
Smethport, PA 16749

1. Full name of deceased veteran _____
2. (a) Place of Birth _____ (b) Date of Birth _____
3. Branch of Service in which veteran served _____
Enlisted Date _____
Discharge Date _____
Rank _____
Type of Discharge _____
Social Security # _____

Give the following information about his (her) death and burial:

Death: Date _____ Place _____

Burial: Date _____ Name of Cemetery _____

Location of Cemetery _____

4. Legal residence of the veteran at the time of his (her) death was at _____

County of _____ Pennsylvania.

5. Payment of this allowance shall be made to _____

as all expenses of burial **have not** been paid. (Note: Strike out word **not** when same does not apply)

Name _____

Address _____

(Signature)

Name of Firm _____

Signature _____

Title _____

Address _____

Director of Veterans Affairs

_____ Commissioner

_____ Commissioner

_____ Commissioner