

APPLICATION FOR \$75.00 WIDOW BENEFIT

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

Alvin D Loveless
500 W. Main St.
Smethport, PA 16749

Full name of deceased widow: _____
(a) Date of Death: _____ (b) Place of Death: _____
(c) Date of Burial: _____ (d) Place of Burial: _____

Legal Residence of the veteran at the time of his/her death:

Street: _____
City/State/Zip: _____
County: _____

Full name of deceased veteran: _____
(a) Place of Birth: _____ (b) Date of Birth: _____
Branch of Service Served: _____
Discharge date: _____ Rank: _____
Type of Discharge: _____ Social Security #: _____

Please provide the following information about the veteran's death and burial:

Death Date: _____ Place: _____
Burial Date: _____ Name of Cemetary: _____
Location of Cemetary: _____

All expenses of burial:

_____ Have been paid
_____ Have not been paid

Thus, payment of this allowance shall be made to:

Name: _____ Name of Firm: _____
Address: _____ Address: _____

Signature

Signature/Title

Director of Veterans Affairs

Please charge to: 01406900-510200

APPLICATION FOR \$75.00 BURIAL EXPENSE

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Smethport, PA 16749

Full name of deceased veteran: _____
(a) Place of Birth: _____ (b) Date of Birth: _____
Branch of Service Served: _____
Discharge date: _____ Rank: _____
Type of Discharge: _____ Social Security #: _____

Please provide the following information about the veteran's death and burial:

Death Date: _____ Place: _____
Burial Date: _____ Name of Cemetary: _____
Location of Cemetary: _____

Legal Residence of the veteran at the time of his/her death:

Street: _____
City/State/Zip: _____
County: _____

All expenses of burial:

_____ Have been paid
_____ Have not been paid

Thus, payment of this allowance shall be made to: _____

Name: _____ Name of Firm: _____
Address: _____ Address: _____

Signature

Signature/Title

Director of Veterans Affairs

Please charge to: 01406900-510200

APPLICATION FOR \$60.00 MARKER EXPENSE

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

Alvin D Loveless
500 W. Main St.
Smethport, PA 16749

Full name of deceased veteran: _____
(a) Place of Birth: _____ (b) Date of Birth: _____
Branch of Service Served: _____
Discharge date: _____ Rank: _____
Type of Discharge: _____ Social Security #: _____

Please provide the following information about the veteran's death and burial:

Death Date: _____ Place: _____
Burial Date: _____ Name of Cemetary: _____
Location of Cemetary: _____

Legal Residence of the veteran at the time of his/her death:

Street: _____
City/State/Zip: _____
County: _____

All expenses of burial:

_____ Have been paid
_____ Have not been paid

Thus, payment of this allowance shall be made to:

Name: _____ Name of Firm: _____
Address: _____ Address: _____

Signature

Signature/Title

Director of Veterans Affairs

Please charge to: 01406900-510901