



**COUNTY OF HUNTINGDON
OFFICE OF VETERANS AFFAIRS**

205 Penn Street, Suite 102
Huntingdon, PA 16652

**COUNTY VETERAN BURIAL BENEFIT
(\$250)**

*This form must be completed and returned to the Huntingdon County Office of Veterans Affairs
with all required documentation in order to be considered for the County Veteran Burial Benefit.*

I. DECEDENT (VETERAN) INFORMATION	II. FUNERAL HOME INFORMATION
Full Name: _____	Funeral Home Name: _____
Date of Birth: _____ Date of Death: _____	Address: _____
Branch of Service: _____	_____
Service Dates: _____	Funeral Director: _____
Character of Discharge: _____	Phone: _____
☐ Documentation Attached (DD214 or equivalent)	
Last Legal Residence (must be Huntingdon County): _____ _____	
	III. CLAIMANT INFORMATION
	Full Name: _____
	Relationship to Decedent: _____
	Address: _____

	Phone: _____
IV. AUTHORIZATION AND CERTIFICATION	
I, the undersigned Claimant, being duly authorized and of lawful capacity, hereby certify and represent the following: 1. That the above-named decedent is a Veteran who meets eligibility requirements as established by Huntingdon County for burial benefits. 2. That the decedent was a bona fide resident of Huntingdon County at the time of death. 3. That all information contained herein and submitted herewith is true and correct to the best of my knowledge, information, and belief. 4. That payment made directly to the funeral home must be signed by Veteran or Veteran's representative. I hereby authorize Huntingdon County to issue payment of the County Veteran Burial Benefit, in an amount not to exceed Two Hundred Fifty Dollars (\$250), payable to: ☐ Funeral Home listed above ☐ Claimant (as reimbursement for expenses incurred) I further acknowledge and agree that: • Payment is contingent upon verification of eligibility by the Huntingdon County Office of Veterans Affairs. • Submission of this form does not guarantee payment. • Any false statement or misrepresentation may subject the applicant to penalties under applicable law.	
V. INDEMNIFICATION	
The undersigned agrees to indemnify, defend, and hold harmless Huntingdon County, its officers, agents, and employees from and against any and all claims, demands, losses, or liabilities arising from or related to the payment issued pursuant to this authorization.	
VI. CLAIMANT / AUTHORIZED REPRESENTATIVE	FUNERAL DIRECTOR CERTIFICATION
I certify that the information provided is true and correct to the best of my knowledge.	I certify that I have provided funeral services for the above-named decedent and have verified the identity of the claimant.
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____
VII. OFFICE USE ONLY - HUNTINGDON COUNTY	VIII. REQUIRED DOCUMENTATION
Date Received: _____	☐ DD214 or equivalent discharge record
Residency Verified: ☐ Yes ☐ No	☐ Death Certificate
Service Verified: ☐ Yes ☐ No	☐ Itemized Funeral Bill / Proof of Payment (if applicable)
Eligibility Determination: ☐ Approved ☐ Denied	☐ Proof of Huntingdon County Residency
Approved Amount: \$ _____ (Not to exceed \$250.00)	
Authorized By: _____	
Date Paid: _____	
Check No.: _____	

Return completed application and supporting documentation to:
Huntingdon County Office of Veterans Affairs
205 Penn Street, Suite 102
Huntingdon, PA 16652