



Barry County Application for County Burial Allowance

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| *Name of Deceased: | Date of Birth of Deceased: | |
| Address of Deceased: | | |
| Residence at Time of Death: (if other than above address) | Branch of Service: | |
| Date of Enlistment: | Date of Discharge: | Date of Death: |
| Burial or Cremation: | Date of Burial: | Where Buried: |
| Name of Funeral Home: | Name of Funeral Director: | |
| Address of Funeral Home: | Phone # of Funeral Home: | |
| Name of Applicant: (if other than funeral home) | Relationship to Deceased: | |
| Address of Applicant: (if other than above address) | | |
| Surviving Dependents of Deceased: | Relationship: | |
| | | |
| | | |
| <i>*If this is a widowed spouse, provide the Veterans death certificate and marriage certificate.</i> | | |
| <i>Itemized Expenses Incurred in Burial</i> | | |
| Professional Services: \$ | | |
| Merchandise: \$ | | |
| Cash Advanced Items: \$ | | |
| Total Expenses: \$ | Has the bill been paid in full? | |
| <p>_____ states, under penalty of perjury, that he/she completed the foregoing Application for County Burial Allowance and that facts therein contained are true according to his/her best knowledge and belief.</p> <p>Signature of Applicant _____ Date: _____</p> | | |
| Approval of Payment: | | |
| Signed: _____ | | |
| Date: _____ | _____ | |
| | _____ | |