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

Full Name: _____

Date of Birth: _____ Date of Death: _____

Branch of Service: _____

Service Dates: _____

Character of Discharge: _____

☐ *Documentation Attached (DD214 or equivalent)*

Last Legal Residence (must be Huntingdon County):

_____

_____

II. FUNERAL HOME INFORMATION

Funeral Home Name: _____

Address: _____

_____

Funeral Director: _____

Phone: _____

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 Huntington 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

I certify that the information provided is true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Date: _____

FUNERAL DIRECTOR CERTIFICATION

I certify that I have provided funeral services for the above-named decedent and have verified the identity of the claimant.

Signature: _____

Printed Name: _____

Date: _____

VII. OFFICE USE ONLY – HUNTINGDON COUNTY

Date Received: _____

Residency Verified: ☐ Yes ☐ No

Service Verified: ☐ Yes ☐ No

Eligibility Determination: ☐ Approved ☐ Denied

Approved Amount: $ _____ (Not to exceed $250.00)

Authorized By: _____

Date Paid: _____

Check No.: _____

VIII. REQUIRED DOCUMENTATION

☐ DD214 or equivalent discharge record
☐ Death Certificate
☐ Itemized Funeral Bill / Proof of Payment (if applicable)
☐ Proof of Huntingdon County Residency

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

Revised 05/2024

_____ Commissioner

_____ Commissioner

_____ Commissioner