



**GRAND TRAVERSE COUNTY DEPARTMENT OF VETERANS AFFAIRS
APPLICATION FOR COUNTY BURIAL ALLOWANCE**

Name of Deceased: _____

Address of Deceased: _____

Name of Veteran (if other than above): _____

Address of Veteran (if deceased, so indicate): _____

Veteran's Branch of Service:		Date of Enlistment:	Date of Discharge:		Honorably Discharged?

Date of Death of Deceased: _____ Residence at Time of Death _____

Residence the Year Prior to Death (Place, City, State, County) _____

Surviving Dependents of Deceased	Age	Relationship

Name of Mortician / Funeral Home: _____ Phone Number: _____

Total Expenses Incurre for Funeral and Burial: _____

Name of Mortician / Funeral Home: _____

Name of Person Incurring Funeral Expenses: _____ Phone Number: _____

Address: _____

Name of Applicant: _____ Phone Number: _____

Address: _____

Relationship of Aplicant to Deceased: _____

Property of Deceased

Did deceased have Life Insurance? Yes No

If yes, name of beneficiary: _____ Amount \$ _____

If yes, payable to estate of deceased? Yes No Amount \$ _____

Cash, Checking Account, Savings Account, Stocks, Bonds, or other Securities (individually or jointly held):

_____	Amount \$	_____
_____	Amount \$	_____
_____	Amount \$	_____
_____	Amount \$	_____

Excluding Home, Car, and Personal Property, Assets are less than \$40,000 Yes No

Attestation of Applicant

_____ 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.

Signature of Applicant _____ Date: _____

AFFIDAVIT OF MORTICIAN

_____ states that he/she represents the _____ Funeral home; that his/ her employees provided funeral and burial services for the within named veteran, or spouse or widow(er) of veteran; that the attached itemized statement of expenses and services is correct, and there remains unpaid at this date the sum of \$ _____

Signature of Funeral Home Representative _____ Date _____

ASSIGNMENT

(completed by applicant if payment is to be made to the funeral home)

In consideration of the performance of services about the funeral and burial aforementioned deceased person, _____ expenses thereof having been charged to me, I do hereby assign and transfer all of my rights and interest in the claim for County Burial Allowance under Section 35.801, CL 1948, as amended by act 94 of 1955 to _____

Funeral Home / Mortician with the following mailing address: _____

Signature of Person Incurring Funeral Expenses _____ Date _____

WITNESSES:

X _____ X _____

REPORT OF THE GRAND TRAVERSE DEPARTMENT OF VETERANS AFFAIRS

I, _____ a veterans benefit counselor with the Grand Traverse County Department of Veterans Affairs, have investigatged the within claim pursuant to Section 35.801, CL 1948, et seq, as amended by Act 94 of 1955, being an act to provide for the payments by counties of funeral expenses of veterans or their spouse or widow(er)s, and I herewith submit the following:

The facts and particulars set forth in the above application in the case of the deceased person _____ are to the best of my knowledge and belief, a true statement of the material facts, except as noted under REMARKS hereinafter.

Remarks:

Eligibility:

To the best of my knowledge, the deceased is eligible for the Grand Traverrese County Burial Allowance.

The deceased veteran or spouse is not a resident of Grand Traverse County.

The Veteran did not serve during a war time era.

Surviving spouse or dependent child - the deceased estate exceeds the \$40,000 asset limit.

No surviving spouse or dependent child - The estate of the deceased was adequate to cover the funeral costs.

The applicant for the County Burial Allowance failed to provide the required documentation.

Other:

Signature of Veterans Benefit Counselor _____ Date _____