Northampton County Form VA-2  Application for Headstone for a Deceased Service Person’s Grave Under Section 426 of the General Code of 1929, as amended

1. I (We) hereby make application for an allowance not to exceed $__________ toward FAMILY MEMORIAL ________, LETTERING on EXISTING MEMORIAL ________, BASE for a GOVERNMENT HEADSTONE ________, on the grave of ________, whose service was as follows:

______

ENLISTED: Date _______________ Place _______________
DISCHARGED: Date _______________ Place _______________
Veteran was a legal resident of the State of ____________________________ at time of enlistment.
RANK ___________________________ Serial Number _______________
ORGANIZATIONS SERVED WITH _______________
TYPE OF DISCHARGE _______________

2. Give the following information about his or her death and burial:

Death: Date _______________ Place _______________
Burial: Date _______________ Name of Cemetery _______________
Location of Cemetery ___________________________ (City or Town)
(Township or Borough)
Location of Grave: Section __________ Range __________ Lot __________ Grave __________

3. The veteran was born ___________________________ at ___________________________.

4. The veteran was a legal resident of Northampton County at the time of his or her death and lived in Northampton County for ________ years ________ months immediately preceding death.

(Signature) _______________
Address ___________________________
Relation to Veteran _______________

Part II—CERTIFICATION OF SERVICE.

(To be completed by Directors of Veterans Affairs)

I certify that I have the proof of service of the within named veteran, and find that the statements made herein are correct, and such service during the ________ War and residence at the time of death entitles the applicant to the benefits of Sec. 426 of the General County Code of 1929, as amended.

Title: Director, Veterans Affairs _______________

(To be detached by VA office and forwarded to the contractor)

ERECTION AUTHORIZATION

You are hereby authorized to _______________ on Grave No. ________, Lot No. ________
Range No. __________, Section __________, in _______________ Cemetery located
in ___________________________ ____________, Pa., as per your _______________ amounting to $ ________

The memorial is to be inscribed as follows: ___________________________

(Name of Veteran) _______________

(Year of Birth) ________ (Year of Death) ________ (Rank) ________ (Company) ________ (Regiment) ________ (Division) ________ (War) ________

COUNTY OF NORTHAMPTON
DEPT OF VETERANS AFFAIRS
HUMAN SERVICES BUILDING
2801 EMRICK BLVD
BETHLEHEM PA 18020-8015
INSTRUCTIONS

1. A Deceased Service Person is defined as any soldier, sailor, marine, yeoman (f) or nurse who has served with the combative forces of the United States during any war or campaign in which the United States has been engaged and who has been honorably discharged from such periods of service, according to the records of the War or Navy Departments. (Sec. 421, General County Code of 1929, as amended.)

2. Application for Allowance Toward Family Memorial, Lettering on Existing Memorial, or Concrete Base for Government Headstone shall be made by any relative or friend of the deceased service person. Application must be approved by the County Executive before the commencement of the work to be performed. No application will be given consideration unless fully completed.

3. A certified copy of the public record of death must be attached to this application, if procurable, unless same has been previously furnished to the County Executive with the application for Burial Allowance.

4. Affidavit as to the Completion of the Work is required from the contractor.

(To be returned by contractor on the completion of the work.)

CERTIFICATION

To the Executive of Northampton County,
Easton, Pennsylvania:

I certify that I have ___________________________ on the grave of ___________________________
at a cost of $__________________________, as per the Authorization appearing on the reverse of this form.

________________________________________
(Name of firm)

By

__________________________
(Name) ____________________________
(Title)

(NO T E: Payment of this account will not be made until this completed form is returned by the contractor.)