

KENT COUNTY SOLDIERS & SAILORS COMMISSION
BURIAL ALLOWANCE APPLICATION

Name of Deceased _____

Address of Deceased _____

(LEGAL ADDRESS MUST BE IN KENT COUNTY, MICHIGAN)

Date of Death _____ Deceased Social Security Number _____

Name of Veteran (if not the deceased) _____

Military Service Dates: Entry _____ Discharge _____

Veteran must have at least **90 Days** of active duty military service during the time periods listed below to qualify for burial assistance.

WAR TIME SERVICE DATES

WWI: April 6, 1917 to November 11, 1918 <i>Extended for Service in Russia to April 1, 1920</i>	Vietnam: February 28, 1961 to May 7, 1975 Korea: June 27, 1950 to January 31, 1955
WWII: December 7, 1941 to December 31, 1946	Gulf Era: August 2, 1990 to a date to be determined

Name of Applicant _____

Address of Applicant _____

Relationship to Deceased _____ Applicant Telephone Number (____) _____

Name of Mortician _____ Telephone (____) _____

Total Cost of Funeral \$ _____ Has the free V. A. Marker been applied for? Yes [] No []

ASSETS

There is a \$40,000 asset limit when a husband or wife applies for their deceased spouse, for all other applicants the asset limit is the cost of the funeral. For all applicants the following items are excluded; the value of the home the deceased lived in and all life insurance.

Please answer all the following asset questions by putting either a **0(zero)** or a **dollar amount** on the line after the \$ (dollar sign). **All property held jointly or individually must be counted.**

Real Estate (except the deceased's home)...	\$ _____
Cash on Hand (money in a checking or savings account)...	\$ _____
Stocks, bonds, certificates of deposit, or retirement accounts having cash value...	\$ _____
All vehicles in deceased name (wholesale value-minus the amount owed)...	\$ _____
TOTAL...	\$ _____

NOTARIZATION

STATE OF MICHIGAN
COUNTY OF KENT

I, _____ BEING DULY SWORN, DEPOSES,
AND SAYS THAT HE/SHE COMPLETED THE FOREGOING APPLICATION FOR BURIAL
ALLOWANCE AND THAT THE FACTS THEREIN CONTAINED ARE TRUE AND CORRECT
ACCORDING TO THE BEST OF HIS/HER KNOWLEDGE.

Subscribed and sworn to before me this
_____ Day of _____

Notary Public, Kent County, Michigan
My Commission expires _____

Signature of Applicant

Your case may be one chosen for review at which time you will be contacted to confirm the asset information listed on the burial application

Revised 9/06 (all other forms obsolete)

