



Barry County Application for County Burial Allowance

*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: _____		
