

SAGINAW COUNTY SOLDIERS & SAILORS COMMISSION
BURIAL ALLOWANCE APPLICATION

Name of Deceased: _____

Address of Deceased: _____

(LEGAL ADDRESS MUST BE IN SAGINAW COUNTY, MICHIGAN)

Date of Death: _____ Social Security Number of Decedent: _____

Name of Licensed Cemetery Where Buried: _____

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 DAYS:

WWI: April 6, 1917 to November 11, 1918 <i>Extended for Service in Russia to April 1, 1920</i>	Korea: June 27, 1950 to January 31, 1955 Vietnam: February 28, 1961 to May 7, 1975
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

(Please attach copy of the Funeral Bill)

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 SAGINAW

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, Saginaw 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.

