

**PROCEDURE FOR FILING A CLAIM FOR  
VETERAN'S BURIAL ALLOWANCE FROM OCEANA COUNTY**

1. The Burial Allowance Application must be completed, notarized and considered for approval by a member of the Oceana County Soldiers and Sailors Relief Commission.
2. Form entitled "County of Oceana Financial Statement in Support of Claim for County Veteran's Burial Allowance" must be completed and notarized. The deceased veterans may not possess an estate (both real and personal property) in excess of \$40,000 excluding the net assessed value of his home.
3. Certificate of Death
4. Certificate of Discharge from Service
5. If the application for veterans' burial benefits is approved, a check for \$300.00 will be disbursed to the claimant (either a dependent or the funeral home).

Revised on 12/27/2010

OCEANA COUNTY SOLDIERS & SAILORS COMMISSION  
BURIAL ALLOWANCE APPLICATION

Name of deceased: \_\_\_\_\_

Address of deceased: \_\_\_\_\_  
(LEGAL ADDRESS MUST BE IN OCEANA 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>	Korea: June 27, 1950 to January 31, 1955
WWII: December 7, 1941 to December 31, 1946	Vietnam: February 28, 1961 to May 7, 1975
	Gulf Era: August 2, 1990 to a date to be determined

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_ Applicant telephone number: \_\_\_\_\_

Name and address of funeral home: \_\_\_\_\_ Telephone: \_\_\_\_\_

Total cost of funeral: \_\_\_\_\_ Has the free VA 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 live 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)...	\$ _____
<b>TOTAL</b>	\$ _____

NOTARIZATIONS

STATE OF MICHIGAN  
COUNTY OF OCEANA

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, \_\_\_\_\_ County, Michigan  
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.

**FOR OFFICIAL USE ONLY:**  
Amount approved for payment: \$ \_\_\_\_\_  
Payable to: \_\_\_\_\_

SOLDIERS & SAILORS RELIEF COMMISSION AUTHORIZATION ON REVERSE SIDE

REPORT OF SOLDIERS RELIEF COMMISSION

To the Oceana County Board of Commissioners:

I, \_\_\_\_\_, a member of the Oceana County Soldiers & Sailors Relief Commission, have investigated the above claim pursuant to Section 35.801, CL 1948 et seq, as amended by Act 235 of 1959, being an act to provide for payment by counties of certain funeral expenses of ex-service persons or their spouses or widows/widowers, and I herewith submit the following report:

The facts and particulars set forth in the above application in the case of \_\_\_\_\_ are, to  
Name of Applicant

the best of my knowledge and belief, a true statement of the material facts in this case, except as noted under REMARKS hereinafter.

I further report that, to the best of my knowledge, the deceased:

- Left no dependent(s) and did not leave sufficient estate to meet all lawful claims, including burial expenses.
- Left the surviving dependent(s) listed upon the above application and did not leave an estate, including real and personal property, exceeding the sum of \$40,000.00 over and above all encumbrances.

The above applicant is or is not (circle one) entitled for burial expenses to the sum of three hundred dollar (\$300.00) under the provisions of Act 235 of 1959.

REMARKS:

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Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Soldiers Relief Commission of Oceana County, MI

COUNTY OF OCEANA  
FINANCIAL STATEMENT  
IN SUPPORT OF CLAIM FOR COUNTY VETERAN'S BURIAL ALLOWANCE

I, \_\_\_\_\_, hereby certify that the following real and personal property is the only property in which the decedent, \_\_\_\_\_, held ownership at time of death, either in the sole name of the decedent or by the entireties, tenancy in common, or joint tenancy with the spouse, child or parent of said decedent.

ASSESSED VALUE OF HOME .....	\$ _____	Liens \$ _____	Net \$ _____
OTHER REAL ESTATE .....	\$ _____	Liens \$ _____	Net \$ _____
AUTOMOBILES .....	\$ _____	Liens \$ _____	Net \$ _____
OTHER PERSONAL PROPERTY .....	\$ _____	Liens \$ _____	Net \$ _____
LAND CONTRACTS			
Sellers Interest .....	\$ _____	Liens \$ _____	Net \$ _____
Buyers Interest .....			\$ _____
STOCKS (Market value at time of death) .....			\$ _____
BONDS (Market value at time of death) .....			\$ _____
BANK ACCOUNTS (Savings and Checking) .....			\$ _____
POSTAL SAVINGS .....			\$ _____
OTHER INVESTMENTS .....			\$ _____
INSURANCE TO ESTATE .....			\$ _____
TOTAL ESTATE OVER AND ABOVE ALL ENCUMBRANCES .....			\$ _____

Signed \_\_\_\_\_

STATE OF MICHIGAN

SS:

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_ 20\_\_\_\_.