Emmet County Veterans Burial Benefit Claim Form

Personal Information:

Name of the Deceased:

Claimant Information:

Name of Claimant:

Relationship to the Deceased:

Address:

Telephone Number:

Financial Details:

Did you gain any financial assets due to the passing of the veteran (stocks, bonds, life insurance, automobiles, Etc.)?

- ☐ Yes
- ☐ No

If yes, please specify the amount gained:

Did you inherit any property/real estate?

- ☐ Yes
- ☐ No

If yes, please specify the details (address, fair market value of the estate):

Burial Expense Information:

Total Debt of the Burial Expense:

_____

Signature of Claimant

Subscribed and Sworn before me this _____ day of _____, 20
Signature_____
Printed name_____
Notary public, State of Michigan, County of:
My commission expires:

Emmet County Veterans Affairs Burial Benefit
3434 M-119 Suite E
Harbor Springs, MI 49740