



To the Clerk of the Board of Commissioners or Board of County Auditors OF \_\_\_\_\_ County, State of Michigan

I, \_\_\_\_\_, a member of the County Soldiers Relief Commission, appointed by the Judge of Probate of said County to look after the burial of the body of any honorably discharged soldier, sailor, marine, nurse, or member of the women's auxiliaries, having served in the armed forces of the United States for a period of 90 days or more of active service or was discharged under honorable conditions after having served less than 90 days of active service because of a service connected disability, during any period of time in which the United States was at war, or during the Vietnam Conflict or having served from January 31, 1955 through August 4, 1964 and received the Armed Forces Expeditionary or Vietnam Service Medal, or the wife or widow of such soldier, sailor or marine, or any army nurse who was employed as a nurse by authority which is recognized by the war department, and who rendered actual service as a nurse in attendance upon the sick and wounded in any regimental post, camp or general hospital of the armies of the United States for a period of 3 months or more, and who was honorably relieved from such service, dying in the \_\_\_\_\_ of \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_, not possessed of any estate, both real and personal, exceeding the sum of Twenty-Five Thousand Dollars over and above all encumbrances, and a resident of this State for a period of six months prior to entering the service or for a period of 5 years immediately prior to the death of such person, do make the following report:

- 1. Name of Deceased \_\_\_\_\_
2. Address \_\_\_\_\_
3. County of Residence at time of Death \_\_\_\_\_
4. Name of Soldier, Sailor, Marine, Nurse or Member of the Women's Auxiliary other than deceased \_\_\_\_\_
5. Rank and Command \_\_\_\_\_
6. Date of Enlistment \_\_\_\_\_
7. Date of Discharge \_\_\_\_\_
8. Date of Death \_\_\_\_\_
9. Date of Burial \_\_\_\_\_
10. Where Buried \_\_\_\_\_
11. Occupation while Living \_\_\_\_\_
12. Name of Funeral Director \_\_\_\_\_
13. Address of Funeral Director \_\_\_\_\_
14. Name of Claimant \_\_\_\_\_
15. Address of Claimant \_\_\_\_\_
16. Itemized account of expenses incurred in burial as follows:

Table with 3 columns for itemized expenses and a 'Total' row at the bottom.

Upon application\* being made and having first satisfied myself by a careful inquiry into and examination of all the facts in the case, I find said deceased died \_\_\_\_\_ possessed of an estate, both real and personal, exceeding the sum of Twenty-Five Thousand Dollars, and said deceased left \_\_\_\_\_ dependents surviving and did \_\_\_\_\_ leave sufficient estate to meet all lawful claims including said burial expenses, and is \_\_\_\_\_ entitled for burial expense to the sum of Three Hundred Dollars, (\$300.00) under the provisions of Act 235, Public Acts of 1911, as amended.

Dated \_\_\_\_\_ 19 \_\_\_\_\_
Soldiers Relief Commission
of \_\_\_\_\_
\_\_\_\_\_ County, Michigan.

NOTE—If deceased left no dependents surviving, but did leave sufficient estate to meet claims and burial expenses, then such expense shall not be paid. In the above paragraph, blank spaces are left for inserting the word "not" where applicable; also in one blank space insert either the word "no" or the number of dependents as case requires.

\*The application shall have been submitted within two years from the date of death of such deceased person.

