

APPLICATION FOR CARE OF VETERANS GRAVES

Tim Cleveland
Director of Veterans Affairs



Vaughn Ceccacci
Deputy Director

Tioga County Veterans Affairs
1835 Shumway Hill Road
Suite 1
Wellsboro, PA 16901
(570) 723-8141

Jodi Stevens
VSO/Admin Asst.

I hereby submit a bill for the sum of \$ _____ for services rendered in caring for _____ Veterans' graves at \$3.50 per grave for the year of _____ in _____ Cemetery.

City: _____
Borough: _____
Township: _____ Tioga County, PA

I certify that such care has been performed for the year of _____.

Signature & Title

Date

Check payable to:

Name

Phone Number

Address

City & State

Note: New applicants are required to submit a Roster for Care of Veterans' Graves along with this application. All other applicants must submit an updated roster with this application only when new Veterans' graves are added to the cemetery. DO NOT include graves receiving perpetual care. The law directs that the graves herein noted must have no other care than that which is paid for by the county.

Completed applications may be mailed, faxed or e-mailed to our office:

MAIL:

FAX:

EMAIL:

***Tioga County Veterans Affairs
1835 Shumway Hill Road
Suite 1
Wellsboro, Pa 16901***

(570) 723-8403

tcveterans@tiogacountypa.us

ROSTER FOR CARE OF VETERANS' GRAVES

Name of Cemetery _____ Year _____

Name

Rank

War

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____

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