

## TO THE CLERK OF THE BOARD OF COMMISSIONERS OF BAY COUNTY, STATE OF MICHIGAN

I, \_\_\_\_\_ a member of the County soldiers and Sailors 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, 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 a 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 \_\_\_\_\_, County of Bay and State of Michigan, not possessed of an estate, both real and personal, exceeding the sum of \$25,000.00, over and above all encumbrances, excluding the decedents homestead, and was a resident of the state of Michigan for a period of 6 months prior to entering the service or for a period of 3 years immediately prior to the death of such person, do make the following report:

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

Upon application being made and having first satisfied myself by careful inquiry into and examination of all 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, excluding the decedents homestead, 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, MCLA 35.801, as amended, of 1978.

Dated \_\_\_\_\_

Members of Soldiers and Sailors Relief Commission of Bay county, Michigan

NOTE: If deceased left no dependents surviving, but did leave sufficient estate to meet lawful claims and burial expenses, then such expenses 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 the case requires.

STATE OF MICHIGAN )  
 ) ss.  
COUNTY OF BAY )

\_\_\_\_\_ being first duly sworn, deposes and says, that the

within account is just and correct as he verily believes, that the services mentioned have been actually rendered by the claimant

and that the statements in said account are true and that said \_\_\_\_\_ died not possessed

\_\_\_\_\_ of an estate, both real and personal, exceeding the sum of Twenty-Five Thousand Dollars. \_\_\_\_\_

\_\_\_\_\_ Claimant.

Sworn and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_

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

My commission expires \_\_\_\_\_

The above Affidavit to be notarized by some officer having the proper authority.

No. ....

**REPORT OF BURIAL**  
of Soldier, Sailor, Marine or Nurse, Wife or  
Widow of Such Soldier, Sailor or Marine

**REPORT OF**

Member of Soldier and Sailors Relief Comm.  
IN THE CASE OF

Deceased.

**CLERK'S OFFICE**

} ss.

Bay County

Received for Record the .....

day of .....

and recorded in Liber....., of the

Burial Record of Soldiers, Sailors, Marines or Nurses,

Wives or Widows.

.....  
Clerk of Board of Commissioners