Pursuant to Wisconsin Legislature §45.85 the undersigned secretary of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cemetery and or of the Town/City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby report that the graves of the following Veterans and or their spouses buried in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cemetery, located in the Town/City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are entitled to a county order for the sum of $\_\_\_\_\_\_\_\_\_.

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| **Name** | **Branch of Service or Widow of whom** | | **Location of Grave** | **Cost of Care for Grave** | |
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| **Name** | **Branch of Service or Widow of whom** | | **Location of Grave** | **Cost of Care for Grave** | |
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| **Name** | **Branch of Service or Widow of whom** | | **Location of Grave Lot# and Row** | **Cost of Care for Grave** | |
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**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Secretary of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cemetery and or the Town/City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that the above charges do not exceed charges made for other graves in said cemetery and that none of the said graves are cared for in any other manner including perpetual care.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Secretary  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 City, State, Zip Code**

**This form shall be returned no later than 1 September of the current year. If it is not received on this date or prior you will not be reimbursed.**

**Please return this form to:**

**Monroe County Veterans Service Office  
202 South K. Street Suite #5  
Sparta, WI 54656**