

Application for County Assistance

Funeral Cost

Date: _____

Case# _____

Name of Deceased: _____

Current Address: _____

Street Address

City

State

Zip Code

Date deceased passed away _____ Where: _____

If passed away in a hospital or nursing home, please list their prior permanent address:

Street Address

City

State

Zip Code

Please list ALL household members, starting with deceased:

Full Name including maiden name	Relationship to Applicant	Sex	Race	Tribal Affiliation	Birthdate & Birth Place	SS#
	Self					

FUNERAL ARRANGEMENTS

Name of funeral home handling the arrangements _____

Date and place of burial _____

Does deceased have a plot _____ If yes, where? _____

MARITAL STATUS

Single(never been married)_____ Married_____ Separated___ Divorced___ Widow(er)_____

Married to _____ Date _____ City _____ State _____

Divorced: _____ Date _____

Separated: _____ Date _____

DECEASED'S VETERAN STATUS

List any veterans in the household

Name _____ Branch _____ Dates _____ Type of Discharge _____

Not a Veteran _____

MONTHLY OBLIGATIONS

Rent/ Mortgage	
Utilities (gas, lights, water)	
Insurance (medical, car, life)	
Phone/ cell phone	
Cable	

Day Care	
Court-ordered Child Support	
Car payment	
Rent to own	
medical/medication	
Other	

VEHICLES

Year _____ Make _____ Balanced Owed _____

Year _____ Make _____ Balanced Owed _____

DECEASED EMPLOYMENT HISTORY

List current job and last 3 jobs

Employer	Job Title	Hours/wk	Wages	Start/End Date	Why left

DECEASED'S OTHER INCOME/ASSETS

INCOME TYPE	Monthly amount	Assets	Value/Amount
SSDI		HOME	
SSI		VEHICLE 1	
SS		VEHICLE 2	
VETERAN BENEFITS		SAVINGS ACCOUNT	
RETIREMENTS		CHECKINGS ACCOUNT	
RENTAL/LAND		STOCK/BONDS	
BURIAL INSURANCE		CD'S/ IRA'S	
LIFE INSURANCE		INHERITANCE/TRUSTS	
OTHER		401 K PLAN	
		LAND OWNED	

FAMILY CONTRIBUTION

Please list ALL immediate family members of the deceased

I DECLARE AND AFFIRM, UNDER THE PENALTIES OF PERJURY AND DENIAL OF BENEFITS, THAT THE ABOVE INFORMATION GIVEN IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT.

SIGNATURE _____

DATE _____

Burial Family Contribution

This must be completed for every immediate family member

Name & Relationship	Adress	Occupation	Annual Household Income	Number of Household Members

