

Date: \_\_\_\_\_ Township, \_\_\_\_\_ County Case No. \_\_\_\_\_

## APPLICATION FOR BURIAL ASSISTANCE

All information requested on this form is for the deceased person unless otherwise noted. All blanks must be filled in by the person applying for expenses (the "Applicant") on behalf of the deceased person. Insert "no" or "N/A" if appropriate.

Name of Deceased: \_\_\_\_\_  
Social Security Number of Deceased \_\_\_\_\_ (optional)  
Permanent Address: \_\_\_\_\_  
How Long? \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
How Long? \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Cause of Death: \_\_\_\_\_  
Location of Death: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Applicant's Phone Number: \_\_\_\_\_  
Applicant's Social Security Number: \_\_\_\_\_ (optional)  
Relationship to deceased person: \_\_\_\_\_

Family Members of the Deceased:

Last	First	MI	Age	Relationship to the Deceased	Dependant of deceased?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## DEBTS

Please answer all questions regarding debt of the deceased and/or family member. Circle yes or no. If yes, list amount.

Rent	No	Yes	_____
Mortgage	No	Yes	_____
Utilities	No	Yes	_____
Car	No	Yes	_____
Loans	No	Yes	_____
Insurance	No	Yes	_____
Credit Cards	No	Yes	_____
Medical	No	Yes	_____
Other	No	Yes	_____

**Benefit/Property Information**

Are you aware of the deceased person having any of the following benefits and/or personal or real property? If so, circle yes and fill in the appropriate information/ value/ location.

Social Security	No	Yes	_____
Supplemental Assist for Aged	No	Yes	_____
Supplemental Assist for Blind	No	Yes	_____
Supplemental Assist for Disabled	No	Yes	_____
Supplemental Social Security	No	Yes	_____
Medicaid Certified	No	Yes	_____
AFDC as Child or Parent	No	Yes	_____
Pension/Retirement	No	Yes	_____
Veteran's Benefits	No	Yes	_____
Cash on Hand	No	Yes	_____
Burial Trust	No	Yes	_____
Bank Account(s)	No	Yes	_____
Nursing home acc't.	No	Yes	_____
Life Insurance	No	Yes	_____
Certificates of Deposit/shares	No	Yes	_____
Stocks	No	Yes	_____
Bonds	No	Yes	_____
Alimony/support	No	Yes	_____
Tax Refund(s)	No	Yes	_____
Vehicle(s) <i>Including autos, trucks boats, trailers, etc</i>	No	Yes	_____
Machinery	No	Yes	_____
Crops- growing or harvested, livestock	No	Yes	_____
Personal belongings :			
<i>Electronic Equip.</i>	No	Yes	_____
<i>Antiques, collections</i>	No	Yes	_____
<i>Furs, jewelry</i>	No	Yes	_____
<i>Firearms, hobby equipment</i>	No	Yes	_____
<i>Other personal prop.</i>	No	Yes	_____
Burial Plot	No	Yes	_____
Real Estate	No	Yes	_____

List all prepaid funeral funds of the deceased person. \_\_\_\_\_

List all property of the deceased person which has been in the hands of a power of attorney or guardian within one year immediately preceding the death of the deceased person. \_\_\_\_\_

List all payments, including gifts, made by the deceased person within thirty (30) months immediately preceding the deceased person's death to or for the benefit of family members. \_\_\_\_\_

Does the deceased person have any other means to defray funeral expenses? \_\_\_\_\_

Is the family able to contribute to the cost of funeral expenses? Yes No If yes, how much? \$ \_\_\_\_\_

**Assignment of Benefits**

The undersigned, on behalf of the deceased person, the deceased person's heirs, executors and estate, hereby transfer and assign all rights, title and interest in and to Federal or State public welfare assistance payments and/or assets to the deceased person necessary to defray the costs and funeral expenses incurred by \_\_\_\_\_ Township,

\_\_\_\_\_ County, Indiana, as a result of this Application for Funeral Expense Assistance.

\_\_\_\_\_  
(Signature of Applicant) (Date) (Signature of Other Adult) (Date)

**Funeral Director Affirmation**

I hereby affirm under the penalties of perjury that I have not and will not receive any funds from any source other than the township trustee for the funeral and burial except for the following: \_\_\_\_\_

\_\_\_\_\_  
Signature of Director (Date)

**Certification**

I hereby affirm under the penalties of perjury that: 1) the information given on this application and schedule is true and correct to the best of my knowledge and belief in every respect, and I have not failed to disclose or withheld any information bearing upon the eligibility of the deceased person and/or the deceased person's estate to receive funeral expense relief; 2) that I am the surviving spouse or surviving child or parent or next-of-kin of the deceased or I have acquired the right to control the disposition of the deceased and cremated remains; and 3) that I have the full and complete authority to execute the above Consent to the Disclosure of Information to and by the Township Trustee, the Assignment of Benefits, and the Authorization of Cremation and Interment.

\_\_\_\_\_  
(Signature of Applicant) (Date) (Signature of Other Adult) (Date)

Before me, the undersigned, this \_\_\_\_ day of \_\_\_\_\_ personally appeared \_\_\_\_\_ for the signing of the above written Certification.

\_\_\_\_\_  
Witness

**Authorization of Cremation and Interment**

The undersigned authorizes the Township Trustee to cremate the deceased's remains and to dispose of the deceased's cremated remains as allowed by Indiana law. The undersigned further acknowledges that the Township Trustee has made specific arrangements with \_\_\_\_\_ Funeral Home to handle all Township cremation interments and that the Township will cover interment costs only with said funeral home upon the terms and conditions previously agreed to.

\_\_\_\_\_  
(Signature of Applicant) (Date) (Signature of Other Adult) (Date)

**Consent to the Disclosure of Information by and to the Township Trustee**

I, \_\_\_\_\_, consent to the disclosure of the information contained in this application and all schedules by or to the Township Trustee and the Township investigator of poor relief for \_\_\_\_\_ Township, \_\_\_\_\_ County, Indiana, for the purposes set forth below:

- 1. Information from or to the State or County department of public welfare that will identify the types of public assistance that were provided or received by the deceased person or members of the deceased person's household from the State or County department of welfare.
- 2. Information that will verify pension, retirement or other income of the deceased person.
- 3. Information that will verify the assets of the deceased person.
- 4. Information that will verify the liabilities of the deceased person.
- 5. Information required by Federal or Indiana State Statute.

\_\_\_\_\_  
(Signature of Applicant) (Date) (Signature of Other Adult) (Date)

**Acknowledgment and Pledge of Confidentiality by the Township**

The undersigned Township Trustee or Township employee acknowledges that he/she may, in the course of employment, have access to certain personal information and that such information is to be treated as confidential and is to be released and exchanged only with agencies related to the undersigned's employment by the Township and those authorized pursuant to this application in reviewing and investigating this application or as otherwise provided by law.

This consent form was signed on the \_\_\_\_\_ day of \_\_\_\_\_, and expires 180 days after the date of signing.

Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title