

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 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