



**Community and Veterans Services**

**Beth Crook, Director**

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## APPLICATION FOR COUNTY BURIAL ASSISTANCE

Name of Person

Filing Application: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_

Contact person and phone number: \_\_\_\_\_

### Information Regarding the Deceased:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Address Prior to death: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse (if living): \_\_\_\_\_

Spouse's address: \_\_\_\_\_

Spouses' Phone: \_\_\_\_\_

Did the deceased have life insurance, a burial contract or money set aside for burial expenses?  Yes  No

If yes, who is the policy or agreement with? \_\_\_\_\_

## Assets:

Does the deceased or spouse own any of the following?

**\*\*\*Proof of all Assets Required\*\*\***

| Type of Property  | Owned by Deceased | Owned by Spouse | Total Value | Accessible Yes or No |
|---|-------------------|-----------------|-------------|----------------------|
| Checking Account  |                   |                 |             |                      |
| Savings Account   |                   |                 |             |                      |
| Debit Cards   |                   |                 |             |                      |
| Direct Express Card   |                   |                 |             |                      |
| Retirement Funds  |                   |                 |             |                      |
| Money Market  |                   |                 |             |                      |
| Trust Funds   |                   |                 |             |                      |
| Annuities   |                   |                 |             |                      |
| Certificates of Deposit (CD),   |                   |                 |             |                      |
| Nursing home trust account or Social Welfare Account  |                   |                 |             |                      |
| Vehicles such as cars, trucks, campers, motorcycles. (specify make/model/year)                |                   |                 |             |                      |
|   |                   |                 |             |                      |
|   |                   |                 |             |                      |
| Stocks, bonds, contracts for deed or other securities.  |                   |                 |             |                      |
|   |                   |                 |             |                      |
| Land, buildings, life estates, houses, mobile homes.  |                   |                 |             |                      |
|   |                   |                 |             |                      |
| Other assets such as tools, livestock, boats, motors, trailers, farm implements, snowmobiles. |                   |                 |             |                      |
|   |                   |                 |             |                      |
|   |                   |                 |             |                      |
| Sponsor's Assets (if deceased is not a U.S. citizen)  |                   |                 |             |                      |

Are you aware of any Go Fund Me Accounts? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who is managing the account? \_\_\_\_\_

Relationship to the deceased? \_\_\_\_\_

I declare that this application has been examined by me and to the best of my knowledge and belief, is a true and correct statement of every material point.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_