

# Pine County Human Services

## Application for County Burial

*Per Pine County Burial Policy: All County Burials must be **prior approved** by our agency prior to burial.*

<b>Person completing application</b>			
Name (First/Middle/Last):		Relationship to decedent:	
Street Address where you live:	City:	State:	Zip
Mailing Address:	City:	State:	Zip
Phone number where you can be reached (including area code):			
Home: (    )		Work: (    )	Other: (    )
<b>Information about the deceased</b>			
Name (First/Middle/Last):		Date of Birth:	
Social Security Number:		Marital Status:	
Last Street Address:	City	State	Zip
Date of death:	Case of death:	Legal Action Taken (Circle one): <b>Yes or No</b>	
Was the decedent a US Veteran (Circle one)? <b>Yes or No</b>	<b>Yes</b>	Is the spouse or parent a US Veteran (Circle One)? <b>Yes or No</b>	
Did the decedent purchase burial prior to death? <b>Yes or No</b>	If "Yes", name of funeral home:		Amount: \$
Has anyone made arrangements with a Funeral Home? <b>Yes or No</b>	If "Yes", name of funeral home:		Address of funeral home:
Funeral Home phone number (including area code): (    )	Type of arrangements (Circle one): <b>Burial or Cremation</b>		
<b>Information about survivors</b>			
Spouse's name (First/Middle Last):		Spouse's Address:	
Parent(s) of children less than 18 yrs old: (First/Middle/Last):		Parent(s) address(es):	
Names of children less than 18 yrs old: (First/Middle/Last):		Survivor's Monthly Rent or Mortgage: \$ _____	
Children's Address(es):		Survivor's Monthly Utilities: \$ _____	

( over )

<b>Assets of Decedent, Decedent's Spouse, or Minor Decedent's Parent(s): Verification Required</b>						
Does the deceased or responsible relatives have any of the following assets?			Financial Institution	Value	Owner(s)	
Cash	Yes	No	N/A	\$		
Savings	Yes	No		\$		
Checking	Yes	No		\$		
Retirement Funds	Yes	No		\$		
Life Insurance	Yes	No		\$		
Stocks/Bonds	Yes	No		\$		
CD's	Yes	No		\$		
Burial Funds	Yes	No				
Trust Funds	Yes	No				
Contract for Deed	Yes	No		\$		
Non-Homestead Property	Yes	No		\$		
Homestead Property	Yes	No				
Voluntary Contributions	Yes	No	N/A	\$		
Gift Cards	Yes	No	N/A	\$		
Other	Yes	No		\$		
<b>Vehicles of Decedent, Decedent's Spouse, or Minor Decedent's Parent(s): Verification Required</b>						
	Yes	No	Year	Make	Model	Value
Passenger Vehicles	Yes	No				\$
	Yes	No				\$
	Yes	No				\$
Recreational Equipment	Yes	No				\$
<b>Agency Use: Total Countable Assets \$</b>						

<b>Income received month of application: Verification Required</b>						
Source of Income			Amount		Who receives it?	
Wages/Earnings	Yes	No	\$			
Self-Employment	Yes	No	\$			
Child Support	Yes	No	\$			
Spousal Support	Yes	No	\$			
Social Security	Yes	No	\$			
Unemployment	Yes	No	\$			
Workers Comp	Yes	No	\$			
Veterans Benefits	Yes	No	\$			
Pension/IRA	Yes	No	\$			
Retirement	Yes	No	\$			
GA	Yes	No	\$			
BIA-GA	Yes	No	\$			
MFIP	Yes	No	\$			
Other	Yes	No	\$			
<b>Agency Use: Countable Income \$</b>						

I hereby apply for Pine County Burial benefits. The policies regarding Pine County burial application and procedures regarding immediate family contribution and burial payment standards have been explained to me. I understand the assets and income, including all donations, of decedent and responsible relatives must be applied first to the funeral costs incurred by the decedent. I agree to:

- Provide verifications of income and assets within 10 days of the application date.
- Promptly give the designated funeral home all available income and resources.
- Allow the funeral home to give Pine County a certified copy of the death certificate.

I give Pine County permission to exchange any information with the Funeral Home to help determine if any assistance is available to help with funeral costs incurred.

I declare under the penalties of perjury that I have examined this application and to the best of my knowledge, it is a true and correct statement of every material point. I understand that a person convicted of perjury may be sentenced to imprisonment of not more than five years or payment of a fine of not more than \$10,000, or both. [Minnesota Statutes, section 256.984, subd. 1]

First/Last name of person completing application (please print): \_\_\_\_\_

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

Agency Use: Financial Worker Check List

Verification of assets provided

Verification of income provided

Other services available to contribute to burial?

Contact with client about arrangements or follow up questions?

Contact with Funeral Home for arrangements and service fees?

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agency Use:  
Pine County Burial Decision

Re: (Deceased Name): \_\_\_\_\_

Approval:  
Pine County Burial approved for the amount of \$\_\_\_\_\_. The difference between the amount paid by the county and the applicable county funeral allowance – if any- from total funeral costs, is the responsibility of the surviving spouse, or parent(s) of the minor child(ren).

Denial:  
Pine County Burial was denied for the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Financial Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copies to:

- Client
- Case File
- Funeral Home
- Supervisor

Pine County Burial App'l.doc 11-13-06, 12-5-17