

APPLICATION FOR BURIAL ASSISTANCE

Washington Township - Grant County

Date: _____

Case No. _____

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 the expense (the "Applicant") on behalf of the deceased person. Insert "no" or "N/A" if appropriate.

Name of Deceased: _____

Social Security Number of Deceased: _____

Permanent Address: _____

How Long? _____

Previous Address: _____

How Long? _____

Date of Birth: _____ Date of Death: _____

Cause of Death: _____

Location of Death: _____

Name of Applicant: _____ Relationship to Decedent: _____

Address: _____

Applicant's Phone Number: _____ Applicant's Social Security Number: _____

Family Members of the Deceased:

Last	First	Middle Initial	Age	Relationship to the deceased

DEBTS

Please answer all questions regarding debt of the deceased. Check Yes or No. If yes, list amount.

Debt	Yes	No	Amount	Debt	Yes	No	Amount
Rent			\$	Mortgage			\$
Car			\$	Utilities			\$
Loans			\$	Insurance			\$
Credit Cards			\$	Medical			\$
Other			\$	Other			\$

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Benefit/Property Information

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

	Y	N	
Social Security Supplemental Assist For Aged	Y	N	
Supplemental Assist For Blind	Y	N	
Supplemental Assist For Disabled	Y	N	
Supplemental Social Security	Y	N	
Medicaid Certified	Y	N	
AFDC as Child or Parent	Y	N	
Pension/Retirement	Y	N	
Veteran's Benefits	Y	N	
Cash on Hand	Y	N	
Burial Trust	Y	N	
Bank Account(s)	Y	N	
Nursing home account	Y	N	
Life Insurance	Y	N	
Certificates of Deposit/shares	Y	N	
Stocks	Y	N	
Bonds	Y	N	
Alimony/Support	Y	N	
Tax Refund(s)	Y	N	
Vehicle(s) - <i>Including autos, trucks, boats, trailers, etc.</i>	Y	N	
Machinery	Y	N	
Crops – growing or harvested, live stock	Y	N	
Personal belongings:	Y	N	
<i>Electronic Equipment</i>	Y	N	
<i>Antiques, Collections</i>	Y	N	
<i>Furs, Jewelry</i>	Y	N	
<i>Firearms, hobby equipment</i>	Y	N	
Other personal property:	Y	N	
<i>Burial Plot</i>	Y	N	
<i>Real Estate</i>	Y	N	

List all prepaid funeral funds of the decedent. _____

List all property of the decedent which has been in the hands of a power of attorney or guardian one year immediately preceding the death of the decedent. _____

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

Does the decedent 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? \$ _____

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Assignment of Benefits

The undersigned, on behalf of the decedent's heirs, executors and estate, hereby transfers and assigns all right, title and interest in and to Federal or State public welfare assistance payments and/or assets to the decedent necessary to defray the costs incurred by Center Township, Grant County, Indiana, as a result of the Application for Funeral Expense Assistance.

Signature of Applicant

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

Authorization of Cremation and Interment

The undersigned authorizes the Center 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 Washington 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

Consent to the Disclosure of information by and to the Washington Township - Grant County Trustee

I, _____, consent to the disclosure of the information contained in the application and all schedules by or to the Washington Township Trustee and the Township Investigator of Poor Relief for Washington Township, Grant 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 decedent or members of the decedent's household from the State or County department of welfare.
2. Information that will verify pension, retirement or other income of the decedent.
3. Information that will verify the assets of the decedent.
4. Information that will verify the liabilities of the decedent.
5. Information required by Federal or Indiana State Statute.

Signature of Applicant

Date

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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 decedent and/or the decedent's estate to receive funeral expense relief; 2) that I am the surviving spouse of 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 Jackson Township Trustee, the Assignment of Benefits, and the Authorization of Cremation and Interment.

Signature of Applicant

Date

Before me, the undersigned, this ____ day of _____, personally appeared _____

_____ for the signing of the above written Certification.

_____ (Washington Township Staff) Witness

Acknowledgment and Pledge of Confidentiality by the Township

The undersigned Washington 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.

The consent form was signed on the ____ day of _____, _____, and expires 180 days after the date of signing.

Signature

Title