

Benton County Human Services
Application for County Burial

For County Use Only: County of Responsibility: _____ Case# _____

1. Information on the deceased:
 - a. Name: _____
 - b. Last Address: _____
 - c. Name and Address of Nursing Home(if applicable): _____

 - d. Date of birth: _____
 - e. Date of death: _____
 - f. Social Security Number: _____

2. Was the deceased receiving public assistance at time of death?
(Circle One) YES NO UNKNOWN If yes, from what county? _____

3. Was the deceased a Veteran? (Circle One) YES NO UNKNOWN

4. List survivors:

Able to help with expenses?

Name: Yes No

Spouse:		
Adopted/Natural Children:		

a. If any of the above are able to help with expense, in what amount?

5. Had the deceased made arrangements for burial prior to death?

(Circle One) YES NO UNKNOWN

a. If yes, what were the arrangements? _____

6. Please complete for deceased and spouse. Also complete for parents of a deceased minor child
(VERIFICATION NEEDED FOR CURRENT VALUE OF ASSETS):

Asset Type (circle Yes or No)	Location	Value or Current Balance	For County Use Only:
Checking Acct Yes No			
Savings Acct Yes No			
Nursing Home Yes No			
Cert. of Deposit Yes No			
Annuity Yes No			
Life Insurance Yes No			
Burial Funds Yes No			
VA Benefit Yes No			
Soc Sec Benefit Yes No			
Trusts Yes No			
Stocks Yes No			
Bonds Yes No			
Other Securities Yes No			
Real Estate Yes No			
Cash on Hand Yes No			

Asset Type	Description	Value
Vehicles Yes No		
Farm Machinery Yes No		
Recreational Item Yes No		
Other Pers. Prop. Yes No		

7. Has a Funeral Home been contacted? Yes No
 If yes, name of Funeral Home _____
 Funeral Home Telephone Number: _____

A Statement of Goods and Services must be received from the Funeral Home with the applicant's signature.

Applicants Name: _____

Address: _____

Phone Number: _____

Relationship to deceased: _____

The following information must be completed in case a death certificate has to be obtained by the Collections Officer to collect funds from a banking institution:

Place of Death: _____

County of Death: _____

Spouse's Name: _____

I agree to apply for death benefits from any source available. I understand that any assets of the deceased must be turned over to Benton County Human Services. 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. Benton County Human Services has my permission to contact the following Funeral Home regarding information related to deceased funeral arrangements: (Funeral Home) _____

Applicant's Signature: _____ Date: _____

Signature of person helping complete form: _____

Professional Services(Maximum of \$2000):

Agency Decision: Total Approved Amount: _____ Total Denied Amount: _____

Agency Signature _____ Date: _____

Refer copy to Jeff in Collection Department: _____

Completed MA Estate Claim Yes/No