**GENERAL ASSISTANCE APPLICATION FOR BURIAL OR CREMATION**

The father, mother, grandfather, grandmother, children or grandchildren, by consanguinity, or the spouse or registered domestic partner (RDP) are responsible for the burial or cremation costs of the eligible person in proportion to their respective abilities.

MRS Title 22, Chapter 1161, §4313

DECEASED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VETERAN? 🞏 Yes 🞏 No 🞏 Unknown

D.O. DEATH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE FH OBTAINED BODY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE FHD CONTACTED GA: \_\_\_\_\_\_\_\_\_\_\*

\* Is this within 3 business days of obtaining the body and prior to doing anything with it? 🞏 Yes, proceed 🞏 No, deny

FUNERAL DIRECTOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PEOPLE LIVING WITH THE DECEASED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOURCES FOR ASSISTANCE:

ASSET: REAL ESTATE VALUE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MORTGAGE AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTOR VEHICLES/VALUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEATH BENEFIT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PENSION: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VETERAN ADMIN.: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LIFE INSURANCE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BANK/ACCOUNTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTRIBUTIONS FROM OTHERS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| FAMILY MEMBERS | NAME | ADDRESS | TOWN/CITY | STATE/ZIP | PHONE # | ABLE TO PAY |
| SPOUSE/RDP: |  |  |  |  |  | $ |
| GRANDPARENTS: |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
| PARENTS: |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
| CHILDREN: |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
| GRANDCHILDREN: |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |

PERSONAL REPRESENTATIVE OF THE DECEASED’S ESTATE:

I hereby affirm that the facts in this application are true, correct and complete, and that I have not knowingly withheld any information. I understand the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENERAL ASSISTANCE ADMINISTRATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_