

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

<u>FAMILY MEMBERS</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>TOWN/CITY</u>	<u>STATE/ZIP</u>	<u>PHONE #</u>	<u>ABLE TO PAY</u>
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: _____