

**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. Address prior to entering nursing home (if applicable):

- e. Date of birth: _____
- f. Date of death: _____
- g. 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?

Names:	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):

County Use Only

Asset Type	Location	Value or Current Balance
Checking Account Yes <input type="checkbox"/> No <input type="checkbox"/>		
Savings Account Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nursing Home Yes <input type="checkbox"/> No <input type="checkbox"/>		
Cert. of Deposit Yes <input type="checkbox"/> No <input type="checkbox"/>		
Annuity Yes <input type="checkbox"/> No <input type="checkbox"/>		
Life Insurance Yes <input type="checkbox"/> No <input type="checkbox"/>		
Burial Funds Yes <input type="checkbox"/> No <input type="checkbox"/>		
VA Benefit Yes <input type="checkbox"/> No <input type="checkbox"/>		
S. S. Benefit Yes <input type="checkbox"/> No <input type="checkbox"/>		
Trusts Yes <input type="checkbox"/> No <input type="checkbox"/>		
Stocks Yes <input type="checkbox"/> No <input type="checkbox"/>		
Bonds Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other Securities Yes <input type="checkbox"/> No <input type="checkbox"/>		
Real Estate Yes <input type="checkbox"/> No <input type="checkbox"/>		
Cash on Hand Yes <input type="checkbox"/> No <input type="checkbox"/>		

Asset Type	Description	Value
Vehicles Yes <input type="checkbox"/> No <input type="checkbox"/>		
Farm Machinery Yes <input type="checkbox"/> No <input type="checkbox"/>		
Recreational Item Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other Pers. Prop. Yes <input type="checkbox"/> No <input type="checkbox"/>		

7. Has a Funeral Home been contacted? YES NO

If yes, name of Funeral Home: _____

Funeral Home telephone number: _____

Applicants Name: _____

Address: _____

Phone Number: _____

Relationship to deceased: _____

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.

Applicant's signature: _____ **Date:** _____

Signature of person helping complete form: _____

Agency decision: Approved amount: _____ **Denied amount:** _____

Agency signature: _____ **Date:** _____