

APPLICATION FOR COUNTY BURIAL*Name of deceased:* _____**PERSONAL HISTORY OF THE DECEASED**

Date of birth _____ Birthplace _____

Date of death _____

Social Security Number _____ Claim Number _____

(If the deceased was a minor, please provide the following information of the Parents:)

Name _____

Address _____

Phone Number _____

Marital Status of the Deceased: (Please circle one):

Single Married Separated Divorced Widowed

Was the deceased ever in the Military? (Please circle which branch):

Army Navy Air Force Marines Other _____

Veterans Claim Number _____

Type of discharge _____

Dates of service _____

Address of the deceased at the time of death: Years of Residence: __________
Street Address City State Zip**Income:**

Social Security benefits _____ VA benefits _____

Other unearned income _____

Service Center Cottage Grove
13000 Ravine Parkway
Cottage Grove, MN 55016
Phone: 651-430-4159
Fax: 651-430-4193

Service Center Forest Lake
19955 Forest Road N
Forest Lake, MN 55025
Phone: 651-275-7260
Fax: 651-275-7263

Government Center
14949 62nd St N P.O. Box 30
Stillwater, MN 55082-0030
Phone: 651-430-6455
Fax: 651-430-6605

Service Center Woodbury
2150 Radio Drive
Woodbury, MN 55125
Phone: 651-275-8650
Fax: 651-275-8682

Employment Record:

Name of Employer _____ Phone _____

Address: _____

Dates of employment: _____

Mortuary handling funeral arrangement: _____

Address: _____ Phone _____

Cemetery where deceased will be buried: _____

Address: _____ Phone _____

RESOURCES/ASSETS

Indicate all available resources belonging to the deceased and/or spouse and parents of the minor child(ren). Indicate yes/no to each question and provide specific information, if applicable. If additional space is required, please attach an additional piece of paper.

Prepaid Burial _____

Life Insurance - yes or no

1. **Insurance Company** _____

Number of Policies _____

Value of Policy at time of death \$ _____

Name of Beneficiary or Beneficiaries _____

2. **Insurance Company** _____

Number of Policies _____

Value of Policy at time of death \$ _____

Name of Beneficiary or Beneficiaries _____

Bank Accounts – yes or no (please provide current bank statement(s))

1. Name of bank _____

Account # _____ Joint with whom _____

Type of account _____

2. Name of bank _____
Account # _____ Joint with whom _____
Type of account _____

Safe Deposit Box – yes or no - If yes, name of bank _____
List of contents _____
Box key location _____

Cash on hand – yes or no
Total amount \$ _____ Where _____

Nursing home trust account – yes or no
Total amount \$ _____ Name of nursing home _____

Checks Not Cashed – yes or no

Stocks, Bonds or CD's – yes or no
Name of Security _____
Where is Security held _____

Other

Has any person or organization paid or agreed to pay all or part of the funeral expenses? _____ Amount \$ _____

If yes, name and address or contributor:

RIGHTS AND RESPONSIBILITIES

Please read the following statements and place your initials in the box [] following them to indicate that you have read and understood the statements. If you do not understand a statement, please ask that it be explained to you.

I declare, under any applicable penalties of criminal liability provided in the laws of the State of Minnesota, that the above statements, to the best of my knowledge and belief, are true, correct and complete. []

I understand that if I knowingly provide false information on this application, I may be subject to prosecution for fraud or legal action may be initiated to recover any funeral expenses paid by the County. []

I understand that if I feel I was discriminated against because of race or national origin, I may file a complaint with the Minnesota State Department of Human Rights. []

I agree to notify the County department of economic Assistance, if any resources, not listed in this application are located after I have completed this form. I understand that all resources of the deceased must first be used to defray any funeral expenses authorized or paid for by the County.

Your Complete Signature: _____

This was completed on _____, 20__ by:

Name _____ Relationship to deceased _____

Address _____ Home Telephone No. (____) _____

_____ Work Telephone No. (____) _____

Comments: _____
