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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Last Name | | IC New | | | | | | Case # | | | | | |
| **APPLICATION FOR COUNTY ASSISTANCE FOR FUNERAL EXPENSES** | | | | | | | | | | | | | | |
| Name of Applicant (Person completing forms) | | | | | | Relationship to Deceased | | | | | | | Phone # | |
|  | | | | | | | | | | | | | | |
| **Name of Deceased** | **Sex** | | **Birthdate/Birth Place** | | | | **Veteran Status** | | **SS#** | | **Address (prior to hospital/nursing home)** | |  | |
|  |  | |  | | | Branch  Dates  Discharge Type | | |  | |  | | Zip | |
| County | |
| **Name of Spouse** |  | |  | | |  | | |  | |  | |  | |
| **FUNERAL ARRANGEMENTS** | | | | | | | | | | | | | | |
| Funeral Home | Contact Person & Phone | | | Cemetery | | Does the deceased have a plot?  Y N | | | | | Cremation or Burial:  Date of Services: | | | |
| Cause of Death | | | Place | | | | | | | | Date | | | |
| **DECEASED’S EMPLOYMENT, INCOME, & ASSETS** | | | | | | | | | | | | | | |
| **Employer** | **Start Date** | | **End Date** | | | **Job Title** | | | **Wages** | | **Hours** | | **Why Left** | |
| Current |  | |  | | |  | | |  | |  | |  | |
| Previous |  | |  | | |  | | |  | |  | |  | |
| **Income Type** | **Amount per Month** | |  | | | | | | | | **Assets** | | **Value/Amount** | |
| Social Security |  | |  | | | | | | | | Home/Business | |  | |
| SNAPS (Food Stamps) |  | | Vehicles | |  | |
| TANF/Child Support |  | | Bank Accounts | |  | |
| Workers Comp/Unemployment |  | | Inheritance/Trusts | |  | |
| Veterans Benefit |  | | 401K Plan/Investments | |  | |
| Retirement |  | | Land Owned | |  | |
| Rental/Land |  | | Life/Burial Policy | |  | |
| Other |  | | Other | |  | |
| **FAMILY CONTRIBUTION** | | | | | | | | | | | | | |
| ***Please list ALL family members of the deceased*** | | | | | | | | | | | | | |
| **NAME** | | **RELATIONSHIP** | | | **ADDRESS** | | | **OCCUPATION** | | **ANNUAL HOUSEHOLD INCOME** | | **NUMBER OF HOUSEHOLD MEMBERS** | |
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| How much can the family members contribute to the cost of the funeral? Please explain. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **I DECLARE AND AFFIRM, UNDER THE PENALTIES OF PERJURY AND DENIAL OF BENEFITS, THAT THE ABOVE INFORMATION GIVEN IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT.** | | | | | | | | | | | | | |
| **SIGNATURE** | | | | | | | | | | **DATE** | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **IMMEDIATE FAMILY MEMBER’S EMPLOYMENT, INCOME, & ASSETS** | | | | | | |
| **NAME** | **RELATIONSHIP TO DECEASED** | **ADDRESS** | **OCCUPATION** | **ANNUAL HOUSEHOLD INCOME** | **NUMBER OF HOUSEHOLD MEMBERS** | **SOCIAL**  **SECURITY NUMBER** |
|  |  |  |  |  |  |  |
|  | | | | | | |
| **Employer** | **Start Date** | **End Date** | **Job Title** | **Wages** | **Hours** | **Why Left** |
| Current |  |  |  |  |  |  |
| Previous |  |  |  |  |  |  |
|  | | | | | | |
| **Income Type** | **Amount per Month** |  | | | **Assets** | **Value/Amount** |
| **SOCIAL SECURITY** |  |  |  |  | **HOME/BUSINESS** |  |
| **SNAPS (FOOD STAMPS)** |  |  |  |  | **VEHICLES** |  |
| **TANF/CHILD SUPPORT** |  |  |  |  | **BANK ACCOUNTS** |  |
| **WORKERS COMP/UNEMPLOYMENT** |  |  |  |  | **INHERITANCE/TRUSTS** |  |
| **VETERANS BENEFITS** |  |  |  |  | **401K/INVESTMENTS** |  |
| **RETIREMENT** |  |  |  |  | **LAND OWNED** |  |
| **RENTAL/LAND** |  |  |  |  | **LIFE/BURIAL POLICY** |  |
| **OTHER** |  |  |  |  | **OTHER** |  |
|  | | | | | | |
| How much can your household contribute to the cost of the funeral? Please explain. | | | | | | |
| **SDCL 34-26-16:** Persons charged with duty of burial-grave marker. The duty of burying the body of a deceased person and providing the grave with a permanent concrete, metal anchored in concrete, or stone marker devolves upon the persons hereinafter specified: If the decedent was married the duty of burial devolves upon the husband or wife; If the decent was not married but left any kindred, the duty of burial devolves upon the person or persons in the same degree nearest of kin to the decedent, being of adult age, and within this state and possessed of sufficient means to defray the necessary expenses. | | | | | | |