

**APPLICATION FOR BURIAL OR CREMATION GENERAL ASSISTANCE**

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 DEATH: \_\_\_\_\_ AGE: \_\_\_\_\_ SS#: \_\_\_\_\_

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

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

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

SOURCES FOR ASSISTANCE:

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

VETERAN ADMIN.: \$ \_\_\_\_\_ LIFE INSURANCE: \$ \_\_\_\_\_

PENSION: \$ \_\_\_\_\_ 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>AMOUNT<br/>ABLE TO PAY</u> |
|-----------------------|-------------|----------------|------------------|------------------|----------------|-------------------------------|
| SPOUSE/RDP:           |             |                |                  |                  |                | \$                            |
| GRANDPARENTS:         |             |                |                  |                  |                | \$                            |
|                       |             |                |                  |                  |                | \$                            |
| PARENTS:              |             |                |                  |                  |                | \$                            |
|                       |             |                |                  |                  |                | \$                            |
| CHILDREN:             |             |                |                  |                  |                | \$                            |
|                       |             |                |                  |                  |                | \$                            |
|                       |             |                |                  |                  |                | \$                            |
|                       |             |                |                  |                  |                | \$                            |
| GRANDCHILDREN:        |             |                |                  |                  |                | \$                            |
|                       |             |                |                  |                  |                | \$                            |
|                       |             |                |                  |                  |                | \$                            |
|                       |             |                |                  |                  |                | \$                            |
|                       |             |                |                  |                  |                | \$                            |
|                       |             |                |                  |                  |                | \$                            |
|                       |             |                |                  |                  |                | \$                            |

PERSONAL REPRESENTATIVE OF THE DECEASED'S ESTATE:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

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

ADDRESS: \_\_\_\_\_ DATE CONTACTED: \_\_\_\_\_