Social Services Department

General Assistance Division

Name of deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years at this address:\_\_\_\_\_\_\_\_\_\_ Birth place & date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veteran status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date & place of death:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of funeral home**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sources of assistance for burial/cremation:

Real Estate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Accounts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Assets:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterans Administration:\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nursing Home Acct:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Policy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prepaid Burial Plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Burial Plot:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contribution from others:\_\_\_\_\_\_\_\_\_\_\_\_ Service requested: Burial: \_\_\_\_\_\_\_\_\_\_\_ Cremation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSI Payee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family members** | **Name** | **Address** | **City/Town** | **State** | **SS#** | **$ Contri-bution** |
| **Spouse** |  |  |  |  |  |  |
| **Grandparents** |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Parents** |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Children** |  |  |  |  |  |  |
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| **Grandchildren** |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total family contributions**  | **$** |
| **Total of any other contributions**  | **$** |
| **Total of all contributions**  | **$** |

**Personal Representative of the Deceased’s Estate:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Deceased:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

General Assistance Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Authorized:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_