



APPLICATION FOR INDIGENT CREMATION/BURIAL

Today's Date: _____

Date of Death _____

Deceased Name: _____

Date of Birth _____ SSN _____

Deceased address at time of Death _____

Responsible Relative Name (Spouse or Parent of Minor child): _____

Spouse or Parent of Minor Child Phone #: _____ Other Relative Phone #: _____

(If no responsible relative) Person seeking assistance: Name: _____

Phone #: _____ Mailing address: _____

Funeral Home Name: _____

Assets of Deceased:

- Income (SSI, SSDI, Wages) \$ _____
Wages \$ _____/hour # of hours _____/week
Unemployment \$ _____
Workmen's Comp \$ _____
Short Term Disability \$ _____
Long Term Disability \$ _____
Social Security Retirement \$ _____
Social Security Disability \$ _____
SSI \$ _____
Pension \$ _____
VA Pension \$ _____
FIP \$ _____
Alimony \$ _____
Child Support \$ _____
Interest \$ _____
Trust Fund \$ _____
Other, specify _____ \$ _____

- Cash \$ _____
Checking account: Company _____ \$ _____
Savings account: Company _____ \$ _____
Stock and/or Bonds and/or IRA \$ _____
Life Insurance: Company _____ \$ _____
Prepaid Burial Fund: Location _____ \$ _____
Burial Lot: Location _____ \$ _____
Headstone: \$ _____
Social Security Death Benefit: Yes No \$ _____
Nursing Home Resident Trust Account \$ _____
If nursing home resident, Address prior to admittance _____

- Other, (stimulus, tax refund, etc.)specify _____ \$ _____
Other, specify _____ \$ _____

Does the deceased own a home? Yes No Does the deceased own a vehicle? Yes No

Net Income for responsible relative (Spouse or Parent of Minor Child):

- Wages \$ _____ /hour # of hours _____ /week
- Unemployment \$ _____
- Workmen's Comp \$ _____
- Short Term Disability \$ _____
- Long Term Disability \$ _____
- Social Security \$ _____
- SSI \$ _____
- Pension \$ _____
- VA Pension \$ _____
- FIP \$ _____
- Alimony \$ _____
- Child Support \$ _____
- Interest \$ _____
- Other, specify _____ \$ _____

Assets for responsible relative (Spouse or Parent of Minor Child):

- Cash \$ _____
- Checking Account \$ _____
- Savings Account \$ _____
- Cert of Deposit \$ _____
- Stocks \$ _____
- Bonds \$ _____
- IRA \$ _____
- Trust Fund \$ _____
- Other, specify _____ \$ _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HERE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF UNDER PENALTY OF PERJURY.

SIGNATURE: _____

DATE: _____

**Deceased Verification Documents
Required:**

- Copy of ID
- Copy of Social Security Card
- Proof of Income
- Current Bank Statement

**Responsible Party Verification Documents
Required:**

- Proof of Income
- Current Bank Statement
- Copy of ID

Will the family receive the ashes?

Yes No

Will the ashes be buried in a county plot at Greenwood Cemetery?

Yes No

OFFICE USE ONLY:

Director Approval _____

Date _____

MUSCATINE COUNTY COMMUNITY SERVICES
GENERAL ASSISTANCE APPLICATION

General Assistance Release of Information

I, _____, hereby certify that the facts set forth in the completed General Assistance application dated _____ are true and complete to the best of my knowledge. A false statement or incorrect statement on an application for assistance may be cause for denial of benefits.

AUTHORIZATION TO OBTAIN INFORMATION:

"I hereby authorize the following Muscatine County offices, General Assistance, Veterans Affairs, Public Health, Auditor, Treasurer, Attorney, Sheriff, and the Iowa Department of Human Services, Social Security Administration, UIHC, Iowa Workforce Development, Crisis Center, Child Support Recovery Unit, other medical providers, landlords, utility providers, and Community Service providers including MCSA, Salvation Army, Ministerial Alliance (including area churches), United Way, Community Foundation Funds and others as deemed necessary to coordinate funding, as well as current or previous employers, probation, parole officers, or law enforcement officials to release confidential information concerning my personal situation to the Muscatine County General Assistance office and/or Director if such information is deemed necessary. I understand that in order for information to be disclosed from the Muscatine County General Assistance office and/or Director, a separate Authorization to disclose information will be completed except for payment, treatment, or operations purposes where an authorization is not required. If any other persons not listed above have information that the General Assistance Director needs to process my request, a separate authorization to obtain information will also be completed."

Expires When: This authorization is good for 12 months from the date signed. I may write to General Assistance and my sources to revoke this authorization at any time. GA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.

I have read this form and agree to the disclosures above from the types of sources listed.

(Signature of Applicant)

(Date)