

RESPONSIBLE RELATIVE AFFIDAVIT

The following information must be provided by each surviving family member of the deceased pursuant to ND Century Code 23-06-03. Family members who must submit this information include individuals with the following relationships to the decedent: spouse (only required when application for burial assistance is NOT completed by spouse); adult child and parents. Each family member must complete a separate affidavit.

Name _____ Soc. Security Number _____

Street Address _____ Date of Birth _____

City _____ State _____ Zip Code _____

Telephone Number _____ (Home) _____ (Cell)

Name of Deceased _____ Relationship to Deceased _____

Please list the name, age and relationship of all people living with you:

Name	Age	Relationship

Please complete the following for all employed household members:

Name	Employer	Monthly Gross Pay	Pay Dates

Does anyone in the household receive income from any of the following sources? The income to be listed below is the amount received or expected to receive in the month the individual died.

Income Source	Yes	No	Amount	Income Source	Yes	No	Amount
Social Security			\$	SSI			\$
Unemployment			\$	Self-Employment			\$
Workers Compensation			\$	Retirement/Pension			\$

Alimony/ Child Support			\$	Veterans Benefits			\$
BIA General Assistance			\$	Rental Income			\$
Money from Relatives			\$	Other			\$

Does anyone in the household have any of the following assets?

Asset Type	Yes	No	Amount	Asset Type	Yes	No	Amount
Funds for Burial			\$	Cash on hand			\$
Certificate of Deposit			\$	Checking Account			\$
US Savings Bond			\$	Savings Account			\$
Life Insurance			\$	Stocks or Bonds			\$
IRA			\$	KEOGH accounts			\$
Retirement/Pension Accounts			\$	ESOP – Employee Stock Ownership Plans			\$

I/We are purchasing real property other than a home: Yes No

If yes, Value \$ _____ Amount Owed \$ _____

I/We own an interest in mineral rights: Yes No

If yes, Lease /Royalty Income \$ _____

Vehicles: Car, Truck, Motorcycle, Camper, Boat, Snowmobile, Three/Four Wheeler, Airplane, etc.

Make and Year		Value	\$	Amount Owed	\$
Make and Year		Value	\$	Amount Owed	\$
Make and Year		Value	\$	Amount Owed	\$
Make and Year		Value	\$	Amount Owed	\$

To assist _____ Human Service Zone in determining eligibility for Burial Assistance, I hereby authorize any person, agency or institution having information concerning my circumstances to furnish such information to an authorized representative of _____ Human Service Zone. I certify that the information provided by me on this form is correct and complete to the best of my knowledge, subject to applicable penalties and fines for fraud and perjury under North Dakota law.

Signature _____ Date _____

**Return to: Agassiz Valley Human Service Zone, PO Box 190, Hillsboro, ND 58045
701 636-5220 (telephone); 701 636-5221 (FAX)**