

Funeral Home _____

AGASSIZ VALLEY HUMAN SERVICE ZONE BURIAL POLICY

Duty of Burial: the duty of burying or cremating the body of a deceased person becomes a responsibility of the surviving husband or wife if the deceased was married or, if the deceased was not married but left kindred, upon one or more individuals in the same degree, of adult age, nearest of kin to the deceased and possessed of sufficient means to defray the necessary expenses in accordance with subsection 1 of Section 23-06-03 of the North Dakota Century Code, as well as the GA Burial Policy. The duty of the Human Service Zone arises if the resident has no responsible surviving spouse or next of kin. The Human Service Zone shall arrange for and pay for the burial or cremation, less any assets held by the deceased which may be used to defray the expenses. The Human Service Zone may not decrease the payment due to a nominal amount contributed by kin who are considered a responsible relative, as defined in Section 702 of the GA Burial policy.

Submission of this application does not guarantee approval or payment of burial expenses.

APPLICATION FOR BURIAL ASSISTANCE

Person requesting assistance: _____ Relationship to deceased: _____

Current Address: _____

Home Phone: _____ Cell #: _____

Deceased Information

Deceased _____ Birthdate _____ Date of death _____

Address _____ City _____ State _____

Social Security # _____ Veteran: Yes No
Surviving Spouse: _____ Yes _____ No

Name of Surviving Spouse _____ Spouse Birthdate _____

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

Name	Age	Relationship

Is the deceased an enrolled member of a federally recognized tribe? _____ If so, please list _____

Do you have a signed contract or have you already made arrangements with a Funeral Home?

Yes _____ No _____
If yes, with which Funeral Home: _____

The financial information below must be completed for the Deceased Individual and their surviving spouse. **Each adult child or parent of the deceased must complete a separate form.** Income and Assets must be verified before you can be eligible for general assistance funds. The income listed must be the amount received in the month the individual died.

Income Source	Yes	No	Amount	Income Source	Yes	No	Amount
Employment			\$	Other			\$
Social Security			\$	SSI			\$
Unemployment			\$	Self-Employment			\$
Workers Compensation			\$	Retirement/Pension			\$
Alimony/ Child Support			\$	Veterans Benefits			\$
BIA General Assistance			\$	Rental/Royalty Income			\$
Money from Relatives			\$	Disability			\$

Name of Bank	Type of Account – Checking or Savings	Amount Available

Life Insurance Company	Beneficiary	Amount

Does anyone in the deceased's household have any of the following assets?

Asset Type	Yes	No	Amount
Funds for Burial			\$
Charitable donations including GoFundMe and other online fundraisers			\$
Certificate of Deposit			\$
US Savings Bond			\$
Stocks or bonds			\$
Cash on Hand			\$
IRA Keogh Retirement/Pension funds			\$
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	\$

The duty of burying the deceased is that of the family or next of kin. Please list adult children and parents of the deceased. If there is no surviving spouse, each will need to complete the responsible relative affidavit.

Name	Relationship		Name	Relationship	
Address			Address		
Phone			Phone		

Name	Relationship		Name	Relationship	
Address			Address		
Phone			Phone		

Name	Relationship		Name	Relationship	
Address			Address		
Phone			Phone		

Signature of Applicant _____ Date _____

*****If application is approved direct payment will be made to the designated funeral home. *****

Approved Total Benefit Authorized \$ _____ Denied

Signature of Office Personnel _____ Date _____