

## APPLICATION FOR CARVER COUNTY BURIAL

\*\*\*Authorization and approval of County burial must be received prior to making funeral plans.\*\*\*

Name of Deceased: Last Initial		First	Middle	Case Number		Date of Death
Street Address			City		State	Zip code
Birthdate	SSN	Legal Marital Status of Deceased:	<input type="checkbox"/> Single	<input type="checkbox"/> Married, Living with Spouse	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
			<input type="checkbox"/> Married, not living with spouse			
Funeral Home and Location			Contact Person		Phone Number	
Name of Person Applying				Relationship	Phone Number	

**Did the deceased, spouse and/or financially responsible relative have any of the following income sources?**

**Please mark yes or no to all questions.**

	Yes	No		Yes	No
Employment	<input type="checkbox"/>	<input type="checkbox"/>	Retirement, Pension, Annuities	<input type="checkbox"/>	<input type="checkbox"/>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Benefits	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

**If yes, list amount and frequency:**


**Does the deceased, spouse and/or financially responsible relative have any of the following assets? Please mark yes or no to all questions.**

	Yes	No		Yes	No		Yes	No
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Burial Plot	<input type="checkbox"/>	<input type="checkbox"/>	Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>
Beneficiary of Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Cash on hand	<input type="checkbox"/>	<input type="checkbox"/>	Stocks/Bonds/CDs	<input type="checkbox"/>	<input type="checkbox"/>
Prepaid Burial/Trust	<input type="checkbox"/>	<input type="checkbox"/>	Bank Account	<input type="checkbox"/>	<input type="checkbox"/>	Vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Trust Fund	<input type="checkbox"/>	<input type="checkbox"/>	Real Property	<input type="checkbox"/>	<input type="checkbox"/>	Memorials	<input type="checkbox"/>	<input type="checkbox"/>

**If yes, list name and amount:**


**Is the deceased eligible for Veterans' Burial Benefits?**  Yes  No

**Did the deceased have a religious, cultural divergence or wishes for burial?**  Yes  No **If Yes, explain:**

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**By signing below:**

- I attest that the above statements are true and that I am aware that false reporting of assets or financial responsibility can be prosecuted as fraud.
- I attest that I have read Carver County's Policy attached.
- I understand that all county burials **must receive prior approval**.
- I also understand that family can only contribute up to \$500 towards funeral costs for accessory items such as flowers, music, food, obituaries, death certificates. The county and deceased cannot pay towards these items.
- All resources of the deceased will be reviewed and applied toward burial including resources owned jointly or available inheritance by a responsible relative. A claim will be filed towards the estate of the deceased. If resources are discovered following payment to the funeral home, the financially responsible individual will be billed for the services.
- By signing below, I also give permission to discuss the funeral and its costs with the above funeral home.

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Signature

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Date