

**BURLEIGH COUNTY**  
**BURIAL ASSISTANCE APPLICATION**

Please accept our condolences on your recent loss.

A signed application for Burial assistance must be completed and returned to Burleigh County within 30 days from date of death.. The application should be completed by the deceased's closest living relative or legal representative. Please answer all question's on the application. Any income or assets listed on the application must be verified. Verifications must be as of the date of death.

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**You may return your completed, signed application by:**

- 1) Faxing:**  
Fax completed applications to **701-222-6476.**
  
- 2) Mailing:**  
Burleigh County Social Services  
415 E. Rosser Ave Suite 113  
Bismarck, ND 58501
  
- 3) In Person:**  
415 E. Rosser Ave Suite 113  
Bismarck, ND 58501

# BURLEIGH COUNTY

## APPLICATION FOR BURIAL ASSISTANCE

**Information about the deceased person:**

1. Name of deceased:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_

4. Last known address: \_\_\_\_\_

5. Marital Status:     Single     Married     Separated     Divorced     Widowed

List all surviving relatives of the first degree to the deceased. Relatives of the first degree include spouse, adult children natural or adoptive, and parents.

Name	Address	Relationship	Phone #

\*A Relative Responsibility form must be completed by surviving spouse, or adult children, natural or adoptive parents.

6. Was the deceased or spouse of the deceased a Veteran?

Yes     No     Unknown

If yes, complete the following:

Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Claim #: \_\_\_\_\_

8. Was the deceased on any type of Public Assistance?     Yes     No     Unknown

9. Did the deceased have a any funds set aside for burial?

Yes     No     Unknown    Type \_\_\_\_\_ Amount \_\_\_\_\_

10. Funeral Home handling funeral arrangements:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

\*Please provide verification of funeral costs.

## ASSETS

This section pertains to assets and available resources. We must have information about assets, and available resources of the deceased person. All assets will need to be verified as of date of death.

	Yes	No	Owner	Value as of date of death	Location & Description of asset
Cash	<input type="checkbox"/>	<input type="checkbox"/>			
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>			
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>			
IIM Account	<input type="checkbox"/>	<input type="checkbox"/>			
Home/Land, Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>			
Stock bonds, CD's, Savings Bonds, IRA, Money Market	<input type="checkbox"/>	<input type="checkbox"/>			
Trust Fund	<input type="checkbox"/>	<input type="checkbox"/>			
Vehicles	<input type="checkbox"/>	<input type="checkbox"/>			
Life Insurance & Annuities	<input type="checkbox"/>	<input type="checkbox"/>			
Livestock, Farm Equipment, Machinery	<input type="checkbox"/>	<input type="checkbox"/>			
Other Property, including boats, Recreational vehicles, property	<input type="checkbox"/>	<input type="checkbox"/>			
Mineral Rights	<input type="checkbox"/>	<input type="checkbox"/>			

## Income

This section pertains to earned & unearned income. We must have information about earned & unearned income of the deceased person. All earned & unearned income will need to be verified as of the date of death.

	Yes	No	Amount
<b>Unemployment Compensation</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WSI (Worker's Comp.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Social Security</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Supplemental Security Income (SSI)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Veteran's Benefit</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Alimony or Support Payment</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Rental Income</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Tribal Payments</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TANF</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Disability Insurance</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Retirement/Pension</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Employment/Wages</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other Income/ Type of Income</b>	<input type="checkbox"/>	<input type="checkbox"/>	

Was the deceased employed at the time of death?

Yes     No     Unknown

If Yes, please complete the following information:

Employer(s)	Net Pay	How often Paid	Last day of work	Date of final paycheck

### Outstanding Bills

Please list all outstanding bills of the deceased person as of the date of death. We will also need copies of all outstanding bills:

Name of creditor or Expense Item	Amount Owed

## RIGHTS AND RESPONSIBILITIES

Please read the following statements. If you do not understand a statement, please ask that it be explained to you. Sign below to indicate that you have read and understand the statements.

I declare, under any applicable penalties of criminal liability provided in the laws of the North Dakota, that all statements contained in this application, to the best of my knowledge and belief, are true, correct and complete.

I understand that if I knowingly provide false information on this application, I may be subject prosecution for fraud and legal action may be initiated to recover any burial expenses paid by Burleigh County.

I agree to notify Burleigh County Social Services if any resources not listed in this application are located after I have completed this form. I understand that all resources of the deceased must be used to defray any burial expenses authorized or paid for by Burleigh County. I allow Burleigh County Social Services staff to exchange information with the funeral director to determine my eligibility for burial assistance. I also allow Burleigh County Social Services staff to obtain information about the income and assets of the deceased from their economic assistance case if applicable.

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

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

**Information about person completing application:**

(please print)

Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Fax: \_\_\_\_\_



## INCOME

This section pertains to all earned & unearned income:  
Do you, your spouse, or any other member of your household receive money  
from any of the following:

	Yes	No	Amount
<b>Unemployment Compensation</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WSI (Worker's Comp.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Social Security</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Supplemental Security Income (SSI)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Veteran's Benefit</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Alimony or Support Payment</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Rental Income</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Tribal Payments</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mineral Royalties</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TANF</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Disability Insurance</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Retirement/Pension</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other Income</b>	<input type="checkbox"/>	<input type="checkbox"/>	



## ASSETS

This section pertains to all assets & resources.

Do you, your spouse, or any other member of your household have any  
of the following assets or resources?:

	Yes	No	Amount
Cash on hand	<input type="checkbox"/>	<input type="checkbox"/>	
Checking/Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	
Stock Bonds, CD's, Savings Bonds	<input type="checkbox"/>	<input type="checkbox"/>	
Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	
IIM Account	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	
Livestock, Farm Equipment, Machinery	<input type="checkbox"/>	<input type="checkbox"/>	
Trust Fund	<input type="checkbox"/>	<input type="checkbox"/>	
Other Property, including boats, Recreational Vehicles, Property	<input type="checkbox"/>	<input type="checkbox"/>	
Other Assets	<input type="checkbox"/>	<input type="checkbox"/>	

To assist the Burleigh County Social Service Board 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 the Burleigh County Social Service Board.

I certify that the information given by me on this form is correct and complete to the best of my knowledge.

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

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

Or as provided to: \_\_\_\_\_

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