Lewis County Indigent Burial

Please Complete Both Sides & Print Clearly

Decedent's Information

First	MI	Last	Social Security Number
Street Address	State	ZIP	Phone
Former Address of Decedent			Date of Birth

List All Members of Decedent's Household

Name			DOB	M/F	Relationship
First	MI	Last			

Next of Kin	Relationship	Phone	Address
Date of Death	Funeral Home	Cemetery	

Resource Information				Income Information			
Indicate if Decedent or Legally Responsible Relative (LRR) has:	**Y**	**N**	**Amount**	**Indicate if Decedent or LRR Receives Money From:**	**Y**	**N**	**Amount**
Cash on Hand				Wages Salary (Gross)			
Checking Account				Training Program/Tips			
Savings or CD Account				Self-Employment			
Credit Union Account				Unemployment Insurance Benefits			
Life Insurance				Supplemental Security Income (SSI)			
Title or Registration to any Vehicles				Social Security Disability			
Year Make				Social Security Dependent Benefits			
Year Make				Social Security Survivors			
Stocks, Bonds, Mutual Funds				Social Security Retirement			
Savings Bonds				Railroad Retirement Benefits			
IRA, Keogh, 401K or Def. Comp.				Retirement/Pension Benefits			
Irrevocable Burial Trust				Dividends/Interest from Stocks, Bonds, Savings			
Burial Fund				Workers Compensation			
Burial Space				NYS Disability			
Own Home				Veterans Pension/Benefit/A&A			
Real Estate Including Income Producing Property & non-Inc. Prod.				GI Dependency Allotments			
Eligible for an Income Tax Refund				Contributions/Gifts Received			
Annuity				Child Support Payments Received			
Is Named the Beneficiary of a Trust				Alimony Support Received			
Expects to receive a Trust Fund, Lawsuit Settlement, Inheritance or Income from any other source				Private Disability Insurance-Health/Accident Insurance Policy Income			
In-Trust Account				No Fault Insurance Benefits			
Safe Deposit Box				Union Benefits (Inc. Strike Benefits)			
Resources other than listed above				Loans (Received)			
Bank Acct. Information				Trust Income (Including income you currently are entitled to receive or were entitled to receive in the past, that has not been distributed)			
				Rental income			
				Boarder/Lodger Income			
				Other Income (please specify)			

I have read and understand the information above. I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local social services district is correct.

Applicant/Representative Signature	Date Signed

NOTICES:

Appearance: I understand I may be required to report in person to the Department of Social Services to provide further information concerning this request and my failure to comply with this provision shall result in the denial of this request for burial.

Penalties: I understand that my application may be investigated, and I agree to cooperate in such an investigation. Federal and State laws provide for penalties of fine, imprisonment or both, if you do not tell the truth when you apply for Burial benefits or at any time when you are questioned about your eligibility, or cause someone else not to tell the truth regarding your application. Penalties also apply if you conceal or fail to disclose facts regarding your initial eligibility for Burial benefits.

Consent: I understand that by signing this form that I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given, or any other investigation made by them in connection with my request for Burial Benefits. If additional information is requested, I will provide it. I will also cooperate fully with State & Federal personnel in a Quality Control Review.

Recovery: I understand that Public Assistance has a priority to recover certain monies possessed or acquired by the deceased when indigent burial assistance is provided. I agree to take no action to use any funds determined to be held in the name of the deceased prior to LC DSS completing their recovery against those monies or I may be held liable for the amount.

Certificates: I have read, and I understand the information and notices above. In signing this form, I swear and affirm that the information I have given or will give to the Department of Social Services as a basis for Indigent Burial benefits is correct.

Print Name and Address of Person completing this form:

Name: _____

Address: _____

City: _____State: _____Zip: _____

Telephone: ( ) _____

Relationship to Deceased: _____

Signature: _____

Date Signed: _____