



Courthouse Annex
 212 Second Ave South
 Long Prairie, MN 56347
 Phone: 320-732-4500

Branch Office
 200-1st ST NE SUITE 1
 Staples, MN 56479
 Phone: 218-894-6300

#053

BURIAL APPLICATION

Name of Deceased: _____ Date of Birth: _____
 Previous Address: _____ Date of Death: _____
 _____ SSN: _____

Railroad Retirement and / or Veteran's Administration #: _____

Would you or any member of the deceased's family be able to contribute toward the burial expenses?

Yes No If yes, how much? \$ _____

To the best of your knowledge, does the deceased, or the parents if the deceased is a minor child, have any of the following:
 (answer "yes," "no," or "unknown")

- | | | |
|-----------------------|----------------------------|------------------------------------|
| _____ Prepaid burial | _____ Life Insurance | _____ Checking Account |
| _____ Social Security | _____ Nursing Home Account | _____ Safety Deposit Box (lockbox) |
| _____ VA Benefit | _____ Real Property | _____ Other |
| _____ Trust Fund, CD | _____ Savings Account | |

Name of Funeral Home to be used: _____ Phone: _____

Please read the following statements and **place your initials** on each of the lines to show that you understand the statements:

I understand that if I knowingly provide false information on this form, I will be subject to prosecution for fraud.

_____ I understand that if I am dissatisfied with the county welfare board's actions, or if I feel the local agency has failed to act upon my request for assistance, I may appeal within 90 days to the state welfare agency through the county board or directly to the state welfare agency.

_____ I understand that any of the information I have provided on this form may be verified by the county agency. Information can be obtained from other sources only with my signed consent.

_____ I understand that if I feel I am discriminated against because of race, color, national origin, religion, sex, age, marital status, or because of physical, mental, or emotional disability, I may appeal to the state or federal welfare agencies or to the State Department of Human Rights.

Signature of Applicant: _____ Date: _____

Address: _____ Phone: _____

Relationship to deceased: _____