

# **Anoka County** **Funeral Assistance Application**

Please accept our condolences on your recent loss. We realize this is a very difficult time and we hope to do everything possible to make this process go smoothly for you.

The enclosed Application for Funeral Assistance must be completed and returned to Anoka County within **30 days of notification of the next of kin**. The application should be completed by the closest living relative or legal representative. Under current policy the total amount of burial expenses cannot exceed \$2810. **If the total cost of the burial/funeral expenses exceeds \$2810 Anoka County cannot approve your application.** Please refer to the Funeral Assistance Guidelines for information on what expenses are allowable. Anoka County does not reimburse for payments already made.

You may be asked to provide verification of the income and assets of the decedent, spouse and/or other responsible relatives. Verification must be received within 30 days of the date of application and must be verified as of the date of death.

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

- 1) **FAXING-** Fax completed applications to **763-324-3630**
- 2) **MAILING-** Mail completed application to:

**Anoka County Human Services Department  
Funeral Assistance, PO Box 10  
Anoka, MN 55303**

- 3) **EMAIL-** Email completed application to:

[paperwork@co.anoka.mn.us](mailto:paperwork@co.anoka.mn.us)

**IN PERSON INTERVIEW** – In person interviews are available by appointment only and are not required.

**If you have questions about the process or would like to request an appointment, please contact a Funeral Assistance Specialist at 763-324-2430.**

# Anoka County Funeral Assistance Application

Information about the deceased person:

1. **Name of Deceased:**

\_\_\_\_\_

First	Middle	Last
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2. Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

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

4. Last Known Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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5. Marital Status (Circle One): Single Married Separated Divorced Widowed  
If married, name of spouse: \_\_\_\_\_

6. Was the deceased or spouse of the deceased a Veteran? Yes No Unknown  
If yes, complete the following if known:  
Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Claim #: \_\_\_\_\_

7. Did this person die as a result of a crime committed against them? Yes No Unknown

8. Was the deceased a member of a Native American Tribe? Yes No Unknown

9. Was the deceased on any type of Public Assistance? Yes No Unknown  
If Yes, Case Number: \_\_\_\_\_

10. Did the deceased have a prepaid burial or cemetery lot prior to death?  
Yes No Unknown

11. Mortuary handling the funeral arrangements?  
\_\_\_\_\_ Phone #: \_\_\_\_\_

12. Cemetery where the deceased will be/ is buried:  
\_\_\_\_\_ Phone #: \_\_\_\_\_

13. What is your relationship to the deceased? \_\_\_\_\_

14. How much money can you contribute to the funeral costs? \_\_\_\_\_

15. How much money can the deceased's relatives contribute? \_\_\_\_\_

**Assets**

This section pertains to assets and available resources. We must have information about assets of the decedent/spouse and or other responsible relatives.

	<b>Yes</b>	<b>No</b>	<b>Owner</b>	<b>Value at date of death</b>	<b>Financial Institution and account # if applicable</b>
<b>Cash</b>					
<b>Bank Accounts</b>					
<b>Stock Bonds, CDs,</b>					
<b>Trust Fund</b>					
<b>Real Property Homesteaded Y/ N</b>					
<b>Vehicles</b>					
<b>Life Insurance &amp; Annuities</b>					
<b>Livestock, Farm Equipment, Machinery</b>					
<b>Other property, including boats, Recreational vehicles, vacation or rental property</b>					

**All assets will need to be verified as of the individual’s date of death. If the deceased was on public assistance in Anoka County, we may be able to assist you in obtaining those verifications. If there is not adequate space to list all assets in a category please list on a separate attachment.**

## Household Income

In order to determine eligibility for funeral assistance, information is needed on the income of the decedent, spouse and/or other responsible relatives. **If you are not the spouse or other responsible relative please complete this section as it pertains to the decedent only.**

**Decedent's Income Source:** \_\_\_\_\_

**If the decedent was employed, Employer contact information:** \_\_\_\_\_

\_\_\_\_\_

Name of spouse or other responsible relative \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Number of dependents: \_\_\_\_\_

(Please note that a dependent is a spouse without an income of their own OR a child under the age of 18 who was a member of the decedent's household)

If you are the spouse or surviving responsible relative, please complete the following:

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\* Please provide copies of check stubs for the last 30 days.**

If you are not employed please provide a statement/explanation of how you meet your monthly living expenses. Please include information on other sources of income such as social security, pension, rental income, child support, etc.

Source of Income

Monthly Amt

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much do you pay for monthly medical expenses not covered by insurance?

\_\_\_\_\_

Do you pay court ordered support? If yes, monthly amount? \_\_\_\_\_

**Medical insurance payments, uncovered medical expenses and child support are considered allowable deductions from your income.**

## 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 understood the statements:

- I declare, under any applicable penalties of criminal liability provided in the laws of the State of Minnesota, which 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 to prosecution for fraud and legal action may be initiated to recover any burial expenses paid by Anoka County.
- I agree to notify Anoka County Funeral Assistance Unit 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 first be used to defray any burial expenses authorized or paid for by Anoka County.
- I allow Anoka County Funeral Assistance staff to exchange information with the funeral director to determine my eligibility for Funeral Assistance. I also allow Anoka County Funeral Assistance staff to obtain information about the income and assets of the deceased from their public 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 \_\_\_\_\_

If person filling out the form is not Legal Next of Kin please list legal next of kin below:

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

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