

## Health and Human Services

227 6<sup>th</sup> St. North | PO Box 369 | Breckenridge, MN 56520  
T. 218-643-7161 | F. 218-643-7175 | Toll Free: 844-994-5546



### REQUEST FOR COUNTY BURIAL APPLICATION

Full Name of the Deceased: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address of Deceased at Death: (if residing in a nursing facility at time of death, please enter address prior to entry):  
\_\_\_\_\_

Place of Death: \_\_\_\_\_ Funeral Home: \_\_\_\_\_  
City/County/State

FEMA COVID Related Reimbursement?  Yes  No (FEMA funeral assistance expires 9/30/2025)

Was Deceased a Veteran?  Yes  No If yes, complete the following: \_\_\_\_\_  
Branch Type of Discharge Claim #

Was the deceased a member of a Native American Tribute?  Yes  No  Unknown

Marital Status of the Deceased:  Single  Married  Widowed and not remarried

If Married, name of spouse: \_\_\_\_\_

If widowed, name of Predeceased Spouse: \_\_\_\_\_

Are there any minor children or disabled, adult children of the deceased?  Yes  No

Was the deceased on any type of public assistance?  Yes  No  Unknown

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

### APPLICANT INFORMATION

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

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

Telephone: \_\_\_\_\_ Applicant's Social Security No. \_\_\_\_\_

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

Yes  No If yes, how much? \$ \_\_\_\_\_

## **BURIAL TYPE**

All county burials are by cremation unless specifically requested otherwise for the following reasons:

Decedent requested not to be cremated       Religious beliefs do not allow for cremation

Other (state reason): \_\_\_\_\_

## **IMPORTANT NOTICE**

Any crowdfunding sources, such as benefits, fundraisers, or online sources (i.e. GoFundMe) soliciting to pay for burial expenses, will be considered available assets to offset the disposition costs. Any crowdfunding benefits raised to help pay for medical expenses of a deceased recipient of Medical Assistance will be considered available if the Medical Assistance Program covered all medical expenses. Any outstanding medical bills of the deceased, that are not covered by Medical Assistance, may be paid by a crowdfunding source as an allowable expense. However, any remaining balance in the crowdfunding source will be considered an available asset to help offset the disposition costs. Any funds being raised via crowdsourcing, benefits, or fundraisers will be subject to recovery for reimbursement of the county paid burial costs. Any life insurance policies on the deceased's life will be collected and applied to the funeral home bill first. ***Please initial verifying applicant read the above notice:*** \_\_\_\_\_

## **ASSET DISCLOSURE**

To the best of your knowledge, does the deceased, or the parents of the deceased if the deceased is a minor child, have any of the following:

<b>Asset Type</b>	<b>Yes</b>	<b>No</b>	<b>Description of Asset</b> (Name of Financial Institution, Location of Funds, Make/Model of vehicles, etc.)	<b>Value or Current Balance</b>
Cash				
Bank Accounts				
Nursing Home Acct				
Life Insurance & Annuities				
Burial Funds				
VA Benefit				
S.S. Benefit				
Trusts				
Stocks, Bonds, CDs & Other Securities				
Real Estate *Value minus Debt				
Vehicles				
Farm Machinery				
Recreational Item				
Other Pers. Prop.				

**All assets will need to be verified as of the individuals date of death. If the deceased was on public assistance in Wilkin 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.**

*All assets owned by the deceased have been disclosed to the county agency and are listed on this application. I have read the attached burial policy and understand that family and/or friends will be responsible for any additional items that they choose that are allowed in the county burial policy. I further understand that if assets or income of the deceased are discovered any time after the date this application is signed, I will notify the county immediately.*

*I declare under penalty of perjury that everything I have stated in this document is true and correct. Minnesota Statutes, section 358.116.*

Applicant Signature:	Date:
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**RETURN YOUR COMPLETED, SIGNED APPLICATION BY:**

1. FAXING: Fax completed applications to (218) 643-7175
2. IN PERSON: Drop off application at the address listed below.
3. MAILING: Mail completed application to:

Wilkin County Health & Human Services  
227 6<sup>th</sup> Street North  
PO Box 369  
Breckenridge, MN 56520

**Please attach to the application copies of all bank statements(s), life insurance policies, and original title(s). Please contact Wilkin County Health & Human Services with any questions at (218) 643-7161. You will be contacted by phone once your application has been reviewed.**

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**FOR OFFICE USE ONLY:**

Approved Cremation Burial       Approved Casket Burial

Denied (state reason): \_\_\_\_\_

Total to be paid by County \$ \_\_\_\_\_

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

Wilkin County Health & Human Services Representative