

APPLICATION FOR FUNERAL, BURIAL, OR CREMATION BENEFITS

Please complete this form as thoroughly as possible. This form will be used to determine the state and county contribution toward the funeral, burial and/or cremation expenses.

County providing assistance to decedent: _____ **Name of deceased:** _____

State I.D # : _____ **Household number:** _____

Date of Birth: _____ **Date of Death:** _____

Name of applicant: _____ **Address:** _____

Circle the type of assistance received by the decedent: OAP AND AFDC Medicaid

List all resources and their value from the decedent's estate and the responsible party:

Type of Resource	Decedent	Responsible Party
Cash (personal needs, bank account, burial funds)	\$	\$
Property and other resources (Please describe)	\$	\$

Funeral or Burial Plans/Contribution List	\$	\$

Burial Space (Please name)	\$	

Please complete the following box if you, a relative, friend, or organization is expected to help with the cost of services.

Voluntary Payment	NAME	AMOUNT

When completing and signing this application, I certify that information supplied herein is accurate and complete to the best of my knowledge and belief.

Signature of Applicant

Date

Address of Applicant

Relationship of Applicant to Deceased

CHOICE OF DISPOSITION BY RECIPIENT'S FAMILY MEMBER

26-2-129 (5) of the Colorado Revised Statutes gives certain relatives the right to choose the manner of disposition (i.e. burial or cremation) of a deceased recipient of public/medical assistance . If the decedent did not state their burial /funeral/cremation preference an appropriate family member should complete the statement below indicating a choice for the decedent.

I _____, state that I am related to _____ who was a recipient of public and/or medical assistance through the _____ County Department of Social Services. My family relationship to the deceased recipient is as follows: (i.e. husband, wife, father, mother, son, daughter, brother, sister) _____.

I hereby express the following preference for the disposition of the decedent's body:

_____ Funeral/memorial service _____ Burial _____ Cremation

Describe additional details, if any.

Signature of family member

Date

Address of family member

Telephone Number

The undersigned hereby affirms that s/he witnessed the preceding signature by the recipients family member and appeared to be mentally competent to understand and exercise the choice of disposition.

Signature of witness

Date

Address of witness

Telephone Number