



COUNTY OF  
*Olmsted*

# APPLICATION FOR OLMSTED COUNTY BURIAL

This form is available at the Public Assistance Office, 2117 Campus Drive SE, Rochester, MN. or through the Funeral Director.

Completed forms may be faxed to 507-328-6273, Attention: County Burial Staff. Questions? 507-328-6273 or

FSABurial@co.olmsted.mn.us

**Authorization and approval of County Burial must be received prior to making funeral plans.**

Name of Deceased		DOB	SSN
Address			
Date of death			
Name of Funeral Provider			
Name of living spouse or parents (if minor)		Contact Information of living spouse or parents (if minor)	
Address			

## APPLICANT INFORMATION

Name		Relationship	
Address		Phone	

## BURIAL BENEFITS & RESOURCES

Does the Deceased have a pre-paid burial fund or other burial benefit plan?	Yes/No	If "yes," where and in what amount?	
Is the Deceased eligible for Veteran's burial benefits?	Yes/No	If "yes," what amount?	
Does the Deceased have a burial plot?	Yes/No	If "yes," where?	
Does the Deceased have additional community resources available (such as Eagles, Elks Club, GoFundMe)?	Yes/No	If "yes," where and in what amount?	

## Resources Of The DECEASED

### MONTHLY INCOME

Employment	\$	Retirement, Pension	\$
Social Security	\$	Other earned/unearned	\$

LIFE INSURANCE

Name of Company/Fund	Amount	Beneficiary

CHECKING/SAVINGS

Name of Bank, Address	Account Number	Account Balance

OTHER ASSETS (STOCKS, BONDS, CDS, ETC)

Type of Asset		Amount
<u>REAL ESTATE/PROPERTY</u> <u>(HOME/HOMESTEAD, RENTAL</u> <u>PROPERTY, OTHER NON-</u> <u>HOMESTEAD, VEHICLES)</u> Type of Real Estate/Property	Address/Location	Value
		\$
		\$
		\$

**ADDITIONAL RESOURCES**

Name of Next of Kin	Relationship to Deceased
Are any of the next of kin named beneficiary on any of the Deceased insurance policies?	Yes/No
Are any of the next of kin a joint owner or "payee on death" of any of the Deceased assets?	Yes/No
If "yes," specify what assets and the estimated value	
	\$
	\$
	\$

Are there any family, friends, or community members able to contribute? If so, please describe source and amount.


*Any information supplied on this application can be verified. False reporting of assets or financial responsibility can be prosecuted as fraud.*

*To the best of my knowledge all the above statements are true and correct.*

*I agree that the available assets determined by the County Burial Staff which reduce the County's payment for funeral/burial costs will be paid promptly to the Funeral Director.*

*Signing this form gives Olmsted County permission to share information about eligibility for publicly funded burial with the funeral provider(s).*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to the Deceased \_\_\_\_\_

**County Use ONLY**

Approved for County Burial Assistance: ( ) Yes ( ) No

\$ \_\_\_\_\_ is determined as the amount of obligation. The county payment will be \$ \_\_\_\_\_.

Approved by (county staff) \_\_\_\_\_ Date \_\_\_\_\_

Revision: Nov. 2018