



# CASS COUNTY

## BURIAL ASSISTANCE APPLICATION

Please accept our condolences on your recent loss.

A signed application for Burial Assistance must be completed and returned to Cass County **prior to making final arrangements with the funeral home**. The application should be completed by the deceased's closest living relative or legal representative.

Any income or assets listed on the application must be verified. Verifications must be as of the day prior to the date of death. All requested verifications must be received **prior to making final arrangements with the funeral home**.

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

1) **FAXING-**

Fax completed applications to **701-239-6820**.

2) **MAILING-**

**Cass County Social Services  
P.O. Box 2986  
Fargo, ND 58108-2986**

3) **IN PERSON-**

**1010 2<sup>nd</sup> Ave. So.  
Fargo, ND**

**If you have questions about the process or would like to request an appointment, please contact Cass County Social Services at 701-241-5761.**



## Assets

This section pertains to assets and available resources. We must have information about assets of the deceased person. We require information about YOUR income and assets, IF the deceased person was either your spouse, child or parent.

	Yes	No	Owner	Value on day prior to death	Location of asset (bank name, insurance company, etc.)
Cash					
All bank Accounts					
Real Estate					
Stock Bonds, CD's, Savings Bonds					
Trust Fund					
Vehicles					
Life Insurance & Annuities					
Livestock, Farm Equipment, Machinery					
Other property, including boats, Recreational vehicles, property					

All assets will need to be verified as of the individual's day prior to date of death. If the deceased was on Public Assistance in Cass County, we may be able to assist you in obtaining those verifications.

## 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 North Dakota, that 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 Cass County.

I agree to notify Cass County Social Services 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 Cass County. I allow Cass County Social Services staff to exchange information with the funeral director to determine my eligibility for Burial Assistance. I also allow Cass County Social Services staff to obtain information about the income and assets of the deceased from their Economic Assistance case and from any financial institutions from which assistance in deferring burial costs may be obtained.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Information about person completing application:** (please print)

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

Relationship to Deceased: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

List all surviving relatives of the first degree to the deceased. Relatives of the first degree include spouse, adult children, and parents.

Name	Address	Relationship	Phone #