



# Cass County Social Services

## General Assistance County Burial Application

### Responsible Relative Affidavit

***According to North Dakota Law, surviving family members have a responsibility for burial expenses of their deceased family members. The following application will be used to determine if you are able to meet the needs of your deceased family member. The following information must be completed by each surviving family member (spouse, parent, adult child) of the deceased. If there is more than one family member, separate forms must be used for each individual. This program is administered to all applicants in a fair and equitable manner without regard to race, color, national origin, sex, handicap or religion.***

***Please complete all questions.***

Name of Deceased Family Member: \_\_\_\_\_

Your Information:

Name	Date of Birth	Telephone Number
Address	City	State/Zip Code
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated	Relationship to Deceased	Social Security Number

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

Name	Address	Relationship

List all household members of all people living with you:

Name	Date of Birth	Relationship

I/We live in:

- Own Home
- Rented Home/Apartment
- With Relatives/Friends
- Other (list) \_\_\_\_\_

Amount of mortgage or rental payment: \$ \_\_\_\_\_/month

Do you, your spouse, or any other member of your household work?

- Yes (complete section below)
- No

Person Employed	Employer	Gross wages before deductions	How often do you get paid? (examples: weekly, every other week, twice a month, monthly)

Do you, your spouse, or any other member of your household have or receive any of the following?

Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:	Alimony/Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:	Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
Savings Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:	Indian Land Lease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:	Rental Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
Prepaid Burial	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:	TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:	Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:	Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:	Retirement Pension 401K, IRA, Keogh, Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:

I am willing or able to contribute the following amount towards the burial expense:

Dollar Amount: \$ \_\_\_\_\_

When? \_\_\_\_\_

To assist the Cass County Social Service Board in determining eligibility for General Assistance for the burial, I hereby authorize any person, agency, or institution concerning my circumstances to furnish such information to an authorized representative of the Cass County Social Service Board.

If this application for General Assistance is approved, I hereby authorize Cass County Social Services to contact and exchange necessary information with the selected funeral service provider.

Mortuary handling funeral arrangements: \_\_\_\_\_

Cemetery where the deceased will be buried: \_\_\_\_\_

I certify that the information given by me on this form is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_

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

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***For Use by Cass County Social Service Board Personnel Only***

- Approved
- Denied
- Pending

Date of Action	
Date of Written Notification if Denied	
Date Reviewed	

Authorized Cass County Social Service Board Representative:

Signature: \_\_\_\_\_

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