



Funeral Home _____

CASS COUNTY HUMAN SERVICE ZONE FINAL DISPOSITION POLICY

Duty of Final Disposition: the duty of final disposition of a deceased individual becomes the responsibility of the surviving spouse if the deceased was married or, if the deceased was not married, becomes the responsibility of other responsible relatives in accordance with subsection 1 of Section 23-06-03 of the North Dakota Century Code, and Section 702 of the General Assistance (GA) Final Disposition Policy. The duty of the Human Service Zone arises if the deceased individual has no responsible relatives. The Human Service Zone shall arrange for and pay for final disposition. The Human Service Zone may not decrease the payment based on a nominal amount left by the deceased for burial expenses or contributed by a responsible relative. Submission of this application does not guarantee approval or payment of final disposition.

APPLICATION FOR FINAL DISPOSITION ASSISTANCE

Applicant Information: (Individual requesting assistance): _____
Relationship to deceased: _____
Applicant Current Address: _____
Applicant Home Phone: _____ Applicant Cell #: _____

Deceased Information:
Deceased _____ Birthdate _____ Date of death _____
Last Address of Deceased _____ City _____ State _____
Social Security # _____ **Veteran:** Yes No

Surviving Spouse: Yes No
Name of Surviving Spouse _____ Spouse Birthdate _____
Please list the name, age and relationship of all individuals living with the surviving Spouse:

Name	Age	Relationship

Is the deceased an enrolled member of a federally recognized tribe? Yes No
If yes, please list tribal information: _____

Cremation is the standard method of final disposition. To request burial instead of cremation as the method of final disposition due to religious or moral beliefs, please speak with the funeral director.

Do you have a signed contract or have you already made arrangements with a Funeral Home?
 Yes No If yes, with which Funeral Home: _____

The financial information below must be completed for the Deceased Individual and their surviving spouse. Each adult child or parent of the deceased individual must complete a separate form. Income and Assets must be verified before you can be eligible for general assistance funds. The income listed must be the amount received in the month the individual died.

Income Source	Yes	No	Amount	Income Source	Yes	No	Amount
Employment			\$	Other			\$
Social Security			\$	SSI			\$
Unemployment			\$	Self-Employment			\$
Workers Compensation			\$	Retirement/Pension			\$
Alimony/ Child Support			\$	Veterans Benefits			\$
BIA General Assistance			\$	Rental/Royalty Income			\$
Money from Relatives			\$	Disability			\$

Name of Bank and Phone Number	Type of Account – Checking or Savings	Amount Available

Does the deceased have any life insurance policies? Yes No

Life Insurance Company	Beneficiary	Amount

Does the deceased or surviving spouse have any of the following assets?

Asset Type	Yes	No	Amount
Funds for Burial			\$
Certificate of Deposit			\$
US Savings Bond			\$
Stocks or bonds			\$
Cooperative Credits			\$
IRA			\$
Keogh			\$
Retirement/Pension funds			\$
ESOP – Employee Stock Ownership Plans			\$

I/We are purchasing or have purchased real property other than a home: Yes No
 If yes, Value \$ _____ Amount Owed \$ _____

I/We own an interest in mineral rights: Yes No
 If yes, Lease /Royalty Income \$ _____

Does the deceased or surviving spouse own any vehicles:

Car, Truck, Motorcycle, Camper, Boat, Snowmobile, Three/Four Wheeler Airplane, etc.

Make and Year	Value	\$	Amount Owed	\$
Make and Year	Value	\$	Amount Owed	\$
Make and Year	Value	\$	Amount Owed	\$
Make and Year	Value	\$	Amount Owed	\$

The duty of final disposition of the deceased individual is that of a responsible relative, as defined in Section 702 of the GA Final Disposition policy. Please list adult children and parents of the deceased. If there is no surviving spouse, each responsible relative will need to complete the Responsible Relative Affidavit.

Name	Relationship	Name	Relationship
Address		Address	
Phone		Phone	

Name	Relationship	Name	Relationship
Address		Address	
Phone		Phone	
Name	Relationship	Name	Relationship
Address		Address	
Phone		Phone	

Signature of Applicant _____ Date _____

*******If application is approved direct payment will be made to the designated funeral home.*******

Approved Total Benefit Authorized \$ _____

Denied

Signature of Office Personnel _____ Date _____

Rev. 08/01/2023