

Other Assets No Yes Value: \$ _____ Other Asset Type _____

Life insurance policy? No Yes Value: \$ _____

If Yes, provide name of insurance company and policy number:

Section II (TO BE COMPLETED BY LICENSED FUNERAL ESTABLISHMENT):

Name of Licensed Funeral Establishment:

License No.: _____

Address _____
Street City ZIP Telephone

Email Address _____

Is there a pre-need funeral services contract that controls the nature of the goods and services to be provided?

No Yes \$ _____

Has/Will the licensed funeral establishment advance(d) monies to the surviving kin or authorized representative making funeral arrangements?

No Yes \$ _____

CERTIFICATION

To be signed by funeral establishment and surviving kin or duly authorized representative, if applicable.

- I have attached a true and accurate copy of supporting documentation, including but not limited to, funeral services contract, death certificate, and itemized bills, statements, and invoices reflecting all funeral and final disposition services provided or services that will be provided, receipts, pre-need funeral services contract, life insurance policy, and bank statements.
- I certify, under penalty of perjury, that the information, including the information contained in any supporting documentation, I have given in connection with this *Application for Funeral and Final Disposition Benefit* is true and accurate to the best of my knowledge.
- I understand the Department may recover from the estate of the deceased person any funeral and final disposition benefit paid.

SURVIVING KIN OR DULY AUTHORIZED REPRESENTATIVE:

Printed Name of Applicant

Signature of Applicant Date

LICENSED FUNERAL ESTABLISHMENT:

Printed Name of Authorized Official Title

Signature of Authorized Official Date