



Application for Ramsey County Assisted Burial Funds

Date _____

Applicant Information

Your Name _____ Relationship to Decedent _____
 Your Address _____ City, State _____ Zip code _____
 Phone Number with Area Code _____ Cell Phone Number _____

Decedent Information

Decedent Name _____ Gender _____ Race _____ Hispanic Yes No
 Social Security Number _____ Age _____ Birthdate _____ **Death date** _____
 Veteran Status _____ Decedent's Marital Status at Death _____
 Last address _____ City, State _____ Zip code _____

Decedent's Assets and Resources

Checking: Bank _____ Route # _____ Acct # _____ Balance \$ _____
 Savings: Bank _____ Route # _____ Acct # _____ Balance \$ _____
 Life Insurance Company _____ Policy # _____ Amount \$ _____
 Veteran Death Benefit YES NO Amount \$ _____
 Social Security Death Benefit YES NO Amount \$ _____
 Other Death Benefit _____ Amount \$ _____
 Prepaid Burial with _____ Amount \$ _____ Payee Name _____
 Cash \$ _____ Other Assets (car make/year, etc) _____

Decedent's Burial Assets (if pre-arranged, complete this section)

Name of Cemetery _____ Lot # or Name _____
 Headstone _____ Grave Liner/Vault _____ Casket _____ Interment Costs _____
 Is there an estate for probate? YES NO If yes, in what county? _____

Responsible Relative's Income and Resources (if applicable)

Spouse's Name _____ Monthly Income \$ _____ or Annual Income \$ _____
 Bank Name _____ Route # _____ Acct # _____ Balance \$ _____
 Additional Accounts Information _____

If decedent is under age 18, please complete the following:

Mother's Mo. Income \$ _____ Bank _____ Route # _____ Acct # _____
 Balance \$ _____ Additional Accounts Information _____
 Father's Mo. Income \$ _____ Bank _____ Route # _____ Acct # _____
 Balance \$ _____ Additional Accounts Information _____

Applicant's Signature _____ **Date** _____

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(Page Two to be Completed by Funeral Home)

Funeral Home

Funeral Director's Name _____

Funeral Home Name _____ Phone Number with Area Code _____

Funeral Home Address _____ City, State _____ Zip code _____

Services Requested _____

Adult (13 Years or Older) Youth (Age 1-13) Infant (Stillborn to one year)

Type of Service:

Funeral Direct Cremation Cremation with Funeral Service Memorial Service

Cemetery Name _____ Phone # _____

Cemetery Address _____ City, State _____ Zip code _____

Notes:

Please contact Ramsey County Financial Assistance Services with questions about this application. The Burial Specialist's phone number: 651-266-7750

Fax the completed application to: 651-266-3932 "Attention burial specialist"

Ramsey County Use Only

Do Not Write Below This Line

Funeral Director \$ _____

Casket (Oversize) \$ _____

Vault (Oversize) \$ _____

Cremation \$ _____

Cemetery \$ _____

Total Cost \$ _____

Resources _____

Ramsey County Payment \$ _____

Approved _____ Referred to County Attorney _____

Denied _____ Reason for Denial _____