



Application for Burial Assistance

Wright County Health and Human Services

Full Name of Deceased: _____

Date of Birth: _____ **Social Security Number:** _____

Last Established Address: _____

**Please provide verification of last established address*

Marital Status: _____

Date of Death: _____

Cause of Death (if known): _____

Was the deceased a Veteran? Yes No

If Decedent was Married:

Spouse Name: _____

Spouse Address: _____

If Decedent was a Minor Child (under age 18):

Parent 1 Name: _____

Parent 1 Address: _____

Parent 2 Name: _____

Parent 2 Address: _____

Income Details

List source of income received by the deceased at the time of passing along with income details for any surviving spouse or parent(s) (If decedent was a minor child). If income is from wages, please list any unpaid wages due the deceased along with the name and address of the employer. The income should be reported as the gross income (before-taxes).

Recipient and Source of Income _____ /Amount \$ _____

Recipient and Source of Income _____ /Amount \$ _____

Recipient and Source of Income _____ /Amount \$ _____

Recipient and Source of Income _____ /Amount \$ _____

Additional Information: _____

Mail or Fax to:
Financial Services Supervisor
Wright County Health & Human Services
10—2nd Street NW Room 300
Buffalo, MN 55313

Fax Number: 763-682-8920



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Assets

If the decedent, decedent's spouse, or decedent's parents (if decedent was a minor child) have any of the following assets, please provide verification/proof of the asset.

Checking Account Yes No

Balance Amount/Bank Name and Location: _____

Savings Account Yes No

Balance Amount/Bank Name and Location: _____

Nursing Home Trust Account Yes No

Balance Amount/Bank Name and Location: _____

Prepaid Burial Yes No

Amount/Bank Name and Location: _____

Burial Plot Yes No Location: _____

Life Insurance Yes No Value: _____ Beneficiary: _____

Motor Vehicles Yes No

Type/Year/Model: _____

Real Estate Yes No

Address of Property: _____

Mobile Home Yes No

Year/Make/Location: _____

Other (CDs, Stocks, Bonds, Boats, Campers, Snowmobiles, Motorcycles, Additional Real Estate, etc.)

List Details Here: _____

Has the decedent transferred or given away any cash, property, etc. within the past 30 days?

Yes No

If Yes, Please Describe: _____

Are any relatives able to help pay for this funeral? Yes No

If Yes, How Much? _____

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Funeral Services Requested

Funeral Home: _____

Address: _____

Phone: _____

Professional Services/Casket/Vault Lining Yes No

Opening/Closing of Grave Yes No

Lot Yes No

Cremation Yes No

I certify that this information is true and accurate to the best of my knowledge. I understand that if there are assets or remaining income that these may need to be applied toward the cost of burial. The Fiscal Technology Unit of Wright County Health & Human Services will ask that this be turned over to the county.

Signature _____ Date _____

Applicant Name (Printed) _____

Relationship to the Deceased _____

Applicant Address _____

Applicant Phone Number _____

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