

**JACKSON COUNTY GENERAL ASSISTANCE APPLICATION
CREMATION OR BURIAL**

Applicant Affidavit:

I / We _____, _____ relationship to decedent (family member, next of kin, representative), herein after referred to as applicant(s), on behalf of _____ decedent, hereby state that (initial each to acknowledge):

- _____ I/we are unable to pay for, and the decedent does not have funds available, to pay for costs associated with cremation or burial.
- _____ Have provided all information available concerning the decedent's assets at the time of death to the best of My / our knowledge.
- _____ Understand any cash or cash accounts belonging to the decedent, any death or burial benefit payable, any memorial funds, or funds raised in support of decedents services, must be used to pay for services and those amounts shall be credited against any amount payable by Jackson County.
- _____ Understand that giving false information in this application and/or to the General Assistance staff is unlawful, can be considered fraud and may be referred to the Jackson County Attorney for court action. It may also result in my becoming permanently ineligible for future assistance.
- _____ Understand failure to comply may result in the applicant being responsible for the full cost associated with cremation or burial.
- _____ I have read, understand, and agree to comply with Jackson County's requirements and restrictions for indigent cremation or burial assistance.
- _____ Understand that I/we may elect to pursue other options for cremation or burial directly with the funeral home without county assistance; however
- _____ Are requesting Jackson County provide cremation or burial assistance to the above-named decedent.

I further attest that if I, or other family members, receive any funds from outside sources to be applied to the funeral arrangements that this money will be given to Jackson County for reimbursement of the assistance provided for final service arrangements. (Iowa Code 252.13)

Deceased Name: _____ Deceased SS# _____

Applicant Name	Relationship to Decedent
Signature of Applicant	Date
Signature of Director or Intake Officer	Date