

**ONONDAGA COUNTY DEPARTMENT OF SOCIAL SERVICES-ECONOMIC SECURITY
BURIAL ASSISTANCE APPLICATION**

(To be completed by the person requesting services)

Application Date: _____

DECEDENT'S INFORMATION:

Name of Deceased: _____ Social Security# _____

Address: _____ Date of Birth: _____

Date of Death: _____ Marital Status: _____ Veteran/Widow? Yes / No

Please indicate (with a checkmark) if the decedent died as a result of any of the following:

Crime _____ Motor Vehicle Accident _____ Work Related Accident _____

APPLICANT'S & FUNERAL HOME'S INFORMATION:

Applicant Name: _____ Relationship to Deceased: _____

Applicant's Address: _____ Phone number: _____

Funeral Home: _____ Director/Phone number _____

SERVICE INFORMATION:

Type of Service: Earth Burial _____ Name of Cemetery _____

Cremation _____ Cremation with Services _____ Anatomical Donation _____

DECEDENT'S INCOME & RESOURCE INFORMATION:

All Source(s) of Income _____ Monthly Amount \$ _____

Bank Name / Account # _____ Direct Deposit? Yes / No

Available Cash amount \$ _____ Burial Fund amount \$ _____

Burial Plot: Yes / No If yes, Date Purchased: _____

Did Decedent Own Real Estate: Yes / No

If Yes, Address: _____

OTHER EXPENSES:

1.) Will other people contribute funds towards the decedent's service? Yes / No

2.) If Yes, what is the total dollar amount of contribution? \$ _____

3.) If Yes, please explain how the funds will be used to contribute towards the service:

****IF A DEATH CERTIFICATE IS NEEDED, PLEASE CONTACT THE DSS BURIAL DESK IMMEDIATELY****

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I swear or affirm that the information given on this application is true and correct. I understand that by signing this application form, I consent to any investigation made by the Department of Social Services - Economic Security to verify or substantiate the information I have given, or any other investigation made by them in connection with this request for burial assistance. I understand that all income and assets of the deceased must be applied towards burial expenses incurred by the Department of Social Services – Economic Security. I understand that any request for a certified death certificate for this decedent will be viewed as a presumption that the undersigned is seeking to recover undisclosed assets and will be investigated by the Department of Social Services – Economic Security.

SIGNATURE OF APPLICANT

DATE

***PLEASE ATTACH A PICTURE ID OF THE APPLICANT**