BURIAL ASSISTANCE APPLICATION

(to be completed by the person requesting services)

Decedent's Information

Name of Deceased: _____ Social Security # _____

Address: _____ Date of Birth: DD MM YY

Date of Death: DD MM YY Martial Status: _____ Veteran/Widow? ☐ ☐

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? Y N

Available Cash Amount: $ _____ Burial Fund Amount: $ _____

Burial Plot ☐ ☐ If yes, date puchased: _____

Did decedent own Real Estate? ☐ ☐ If yes, Address: _____

_____

Other Expenses

1. Will other people contribute funds towards the decedent's service? _____
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:

_____

PLEASE ATTACH A PICTURE ID OF THE APPLICANT WITH THIS FORM.

Onondaga County DSS-ES
Child Support | Childcare | Fair Hearings | Investigations |
HEAP | Medicaid | SNAP | Temporary Assistance
John H. Mulroy Civic Center
421 Montgomery St. Syracuse, NY 13202
(315) 435-2700

J. Ryan McMahon, II *County Executive*
Sarah G. Merrick *Commissioner*

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Consent Information

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: _____

Date: _____ / _____ / _____

Additional Contact Information

(315) 435-2700

(315) 435-2113

Office Hours:
Monday – Friday 8:30 AM – 3:00 PM
Hours may vary during Holidays.