

CERRO GORDO COUNTY BURIAL AFFIDAVIT

(Name of Person Completing this Form)

(address of applicant)

phone number

as: Spouse Legal Guardian; Power of Attorney; Other Relative
 Executor Concerned other to the deceased:

Deceased's Name

Deceased's SS#:

____/____/____
DOB/

____/____/____
DOD

Last known address

funeral home

****Please include last 60 days of bank statements and proof of residence

I hereby attest that to the best of my knowledge the following information is true (initial by each statement you attest to be true):

Initial:

- _____ 1. The deceased has no life insurance.
- _____ 2. The deceased does not have a burial contract.
- _____ 3. The deceased has no real estate.
- _____ 4. The deceased has no personal property with market value in excess of \$1,500.
- _____ 5. The deceased has no bank accounts, assets or resources beyond those stated on the application for assistance.
- _____ 6. The deceased is not eligible for Veteran Administration assistance.
- _____ 7. The deceased is not eligible for crime victim's assistance. (Iowa Code 915.86(6))
- _____ 8. The deceased is a citizen of the United States.
- _____ 9. The deceased is a legal resident of Cerro Gordo County. (Iowa Code 252.16)
- _____ 10. I understand all memorials will be given to the funeral home or brought into the county.
- _____ 11. If the family spends more than \$1000 on the cost of the funeral, the family will be responsible for the entire cost of the funeral.

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 Cerro Gordo County for reimbursement of the assistance provided for these funeral arrangement. (Iowa Code 252.13)

Signature of Person Completing this Affidavit

Date

Witness to Signature

Date