

STEARNS COUNTY HUMAN SERVICES

Request and Agreement for County Burial Funds

Date: _____

I would like to request funding from Stearns County for burial costs for _____
at _____ Funeral Home.

I understand that if there are any assets or remaining income, this may need to be applied toward the cost of the burial. The Finance & Technology Division of Stearns County will ask that this be turned over to the county.

I also understand that the cost of the burial cannot exceed the county limits, and that there cannot be any enhancements to standard county burial services/items that funeral homes normally provide for county burials. However, memorial money collected can be used for flowers, clergy fees, dinners, grave marker, and other miscellaneous items not part of the county burial package.

This signed form submitted to the County of Stearns represents an official request for funding, as well as agreement to the above terms and conditions for county burial funds.

Name of Deceased: _____ Survived by Spouse: Y N

DOB: _____ Date of Death: _____ SS#: _____

Last Address: _____ City: _____ State: _____ Zip: _____

Family Contact: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____

Does deceased have a burial lot? N Y Where: _____

Asset Report

	<i>Place of Resource</i>	<i>Account #</i>	<i>Current Value</i>	<i>Office Use Only</i>
<i>Cash</i>				
<i>Bank Accounts</i>				
<i>Life Insurance</i>				
<i>Stocks/Bonds/CDs</i>				
<i>Burial Contracts</i> (pre-paid burial)				

Deceased's Name: _____

	<i>Place of Resource</i>	<i>Account #</i>	<i>Current Value</i>	<i>Office Use Only</i>
<i>Retirement Accounts</i>				
<i>Passenger Vehicles</i> Joint User? Y / N				
<i>Real Estate</i> Joint HH Member? Y / N				

If single, paychecks to be received? Y N If yes, from where? _____

Anticipated Amount: _____ Date of Paycheck: _____

Other / Notes: _____

Funeral Services Requested:

Funeral Home: _____ Phone: _____

Address: _____

Professional Services / Casket / Grave Liner / Vault Y N

Oversized Casket / Grave Liner Needed Y N

If yes, what is cost of:

Oversized casket: _____

Oversized grave liner: _____

Lot _____ Y N

Opening / Closing (of lot) _____ Y N

We pay lesser of actual cost or \$600

What is actual cost? _____

Cremation Y N

I certify that this information is true and accurate to the best of my knowledge.

Name (print)

Signature

Date

Relationship to Deceased

Please mail or fax to:

Gateway Services
Stearns County Human Services
705 Courthouse Square, 2nd Floor
St. Cloud, MN 56302

(Call 320/656-6000 if questions)

Fax #: 320/656-6447