

APPLICATION FOR FINANCIAL AID INDIGENT BURIAL

APPLICATION MUST BE SUBMITTED BEFORE CREMATION OR BURIAL
DECEASED MUST BE A CURRENT RESIDENT OF FLATHEAD COUNTY

APPLICATION MUST BE COMPLETED IN FULL DETAIL. INCOMPLETE APPLICATIONS
WILL NOT BE CONSIDERED. DO NOT USE "N/A" AS AN ANSWER.

Date of Application: \_\_\_\_\_

APPLICANT Name, Telephone Number and Physical Address:

Name Telephone Email Address
Street (do not list a P. O. Box) City State Zip

Relationship to Deceased: \_\_\_\_\_

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DECEASED'S Name and Physical Address:

Name
Street (do not list a P. O. Box) City State

Did deceased own or rent above residence: Own \_\_\_\_\_ Rent \_\_\_\_\_

How long did the deceased live at the above residence \_\_\_\_\_

Deceased's date of birth: \_\_\_\_\_ (month/day/year)

Was deceased a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

What was the deceased's source of income: \_\_\_\_\_

Was the deceased on Medicare or Medicaid: Yes \_\_\_\_\_ No \_\_\_\_\_

List all assets of deceased and estimated value. Include cash, household items, house(s), vehicle(s), insurance
policies, and all other assets. Use additional blank sheets of paper if necessary:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Have any of the deceased's assets been transferred to any person or relative within the past five years?
Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, name(s) and relation of those to whom assets were transferred:

List all of deceased's banks, bank account numbers (including savings accounts) and bank balances. Indicate if checking account or savings account and provide copies of current statements if available.

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List all assets of surviving spouse, including bank account(s) and provide copies of current statements:

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List names, addresses and telephone numbers of living relatives, including children, parents, brothers, sisters, and surviving spouse:

**All adult children of the deceased are to provide a list of their assets, as well as copies of checking and savings account statement(s)**

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Total of funeral and internment costs: \_\_\_\_\_

Amount family can pay: \_\_\_\_\_

Amount of financial aid requested: \_\_\_\_\_

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Number of death certificates you ordered from the funeral home: \_\_\_\_\_

If more than two death certificates were ordered, please explain why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I DO SOLEMNLY SWEAR THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER AFFIRM THAT THE SOLE PURPOSE OF THIS APPLICATION AND THE STATEMENTS MADE THEREIN IS TO INDUCE FLATHEAD COUNTY TO PAY FOR THE BURIAL COSTS OF THE DECEASED. ANY FALSE STATEMENTS MADE MAY SUBJECT THE APPLICANT TO LEGAL PROCEEDINGS FOR PERJURY AND/OR FRAUD.

Signature of Applicant: \_\_\_\_\_

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COMMISSIONERS OFFICE TO COMPLETE THIS SECTION

Application: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Amount approved: \$\_\_\_\_\_

Date: \_\_\_\_\_

Signature of County Official: \_\_\_\_\_

Original: County