

DOUGLAS COUNTY SOCIAL SERVICES

Douglas County Administration Building
Collections / Central Finance
821 Cedar Street, Alexandria, MN 56308

REQUEST FOR COUNTY BURIAL

Name of Deceased: _____

Deceased Address: _____

Birth Date: _____ Date of Death: _____

Social Security Number: _____ Was Deceased a Veteran? Yes No

FEMA COVID Related Reimbursement? Yes No

APPLICANT INFORMATION

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Applicant's Social Security Number: _____

Any crowdfunding sources such as benefits, fund raisers or online sources such as GoFundMe accounts, solicited to pay for burial expenses will be considered available assets to offset the disposition costs. Any crowdfunding benefits raised to help pay for medical expenses of a deceased recipient of Medical Assistance will be considered available if the Medical Assistance Program covered all medical expenses. Any outstanding medical bills of the deceased that are not covered by Medical Assistance may be paid by a crowdfunding source as an allowable expense, however, any remaining balance in the crowdfunding source will be considered an available asset to help offset the disposition costs. Any funds being raised via crowdfunding, benefits or fundraisers will be subject to recovery for reimbursement of the county paid burial costs. Any life insurance policies on the deceased life will be collected and apply to the funeral home bill first.

Assets:	Yes	No	Owner's Name	Value	Asset Location
Home/Mobile Home/Real Estate					
Life Insurance					
Cash on hand and/or savings at home, nursing home, trust acct.					
Checking/Savings in bank, credit unions, safe deposit box					
Stocks, bonds, saving certificates IRA, annuities, etc.					
Prepaid burial or burial trust acct					
Trust Funds – including Trust funds for children					
Vehicle 1) Make/Model/Year:					
Vehicle 2) Make/Model/Year:					
Machinery, livestock, etc.					
Other: boats, recreational vehicles motorcycles, snowmobiles, etc.					

**** Complete this form and return in person to Douglas County Social Services, along with copies of all bank statement(s), life insurance policies and original title(s). Please direct all questions to Jessica Trinklein at (320) 460-7763.**

I declare under the penalties of perjury that all assets available to the Deceased will be submitted to the County as reimbursement of said County Burial. I further state that all Life Insurance benefits on the deceased life will be applied to County Burial benefits first if County Burial is granted. If assets and life insurance on the deceased are not submitted to Douglas County, I agree that I will be billed for the full amount of the County Burial.

Signature: _____ Date: _____

Subscribed and sworn to before me on the _____

day of _____ 20 _____.

Stamp

NOTARY PUBLIC

Approved by: _____ Date: _____
Douglas County Social Services, It's Agent