I have read and understand the information above and the notices on this application. I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local social services district is correct.

Applicant/Representative Signature	Date Signed
(X)	

Appearance: I understand I may be required to report in person to the Department of Social Services to provide further information concerning this application and my failure to comply with this provision shall result in the denial of this application.

Penalties: I understand that my application may be investigated and I agree to cooperate in such an investigation. Federal and State laws provide for penalties of fine, imprisonment or both, if you do not tell the truth when you apply for Burial benefits or at any time when you are questioned about your eligibility, or cause someone else not to tell the truth regarding your application. Penalties also apply if you conceal or fail to disclose facts regarding your initial eligibility for burial benefits.

Consent: I understand that by signing this application form that I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given, or any other investigation made by them in connection with my request for burial benefits. If additional information is requested, I will provide it. I will also cooperate fully with State & Federal personnel in a Quality Control Review.

Certification: In signing this application I swear and affirm that the information I have given or will give to the Department of Social Services as a basis for burial benefits is correct.

Print Name and Address of Person completing this form:

Name:_____

Address:_____

City:_____State:_____Zip:_____

Telephone (_____) _____

Relationship to Deceased:_____

Signature: (X) _____

Date Signed_____

For Office Use Only:

Application Date	Worker ID	Case Type	Case/Reg Number	
Eligibility Determined By		Date	Approved By	Date