

**SCHOHARIE COUNTY DEPARTMENT OF SOCIAL SERVICES**

**BURIAL ASSISTANCE APPLICATION - To be completed by person requesting services**

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

**DECEDENT'S INFORMATION:**

Name of Deceased: \_\_\_\_\_ Social Security#: \_\_\_\_\_

List any other names that deceased known by, including maiden name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

If in a hospital or nursing home, please provide name and address: \_\_\_\_\_  
\_\_\_\_\_

Please indicate (with a checkmark) if the decedent died as a result of the following:

Crime  Motor Vehicle Accident  Work Related Accident

Please explain if any of the above, including policy number, if applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST ALL HOUSEHOLD MEMBERS AND THEIR RELATIONSHIP TO DECEDENT, IF NONE, WRITE "NONE":**

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

**APPLICANT'S / FUNERAL HOME'S INFORMATION:**

Name of person completing application: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Director/Phone #: \_\_\_\_\_