



Application for St. Louis County Burial Assistance

Public Health and Human Service Department – www.stlouiscountymn.gov

Office Use Only
MAXIS/METS:
Active Programs:
Associated Claims:

Application Process

- Application for burial assistance must be made before any funeral services are held unless weekends, holidays or extraordinary circumstances prevent a timely application. Funeral services may be completed prior to the county's eligibility determination of the burial assistance application, so long as an application has been received by St. Louis County Public Health and Human Services (SLCPHHS).
- Eligibility for burial assistance can only be determined after a completed application is submitted to SLCPHHS. Determination of eligibility for county burial assistance will be made after the receipt of all required information. Required information includes:
 - A completed and signed application form;
 - Verification of resources owned by the decedent and responsible relatives at the time of death, or within 30 days prior to death. For purposes of this application, a responsible relative is defined as a surviving spouse or parent(s) if the deceased is a minor child;
 - Any other requested verifications needed to determine eligibility.
- If all required verifications are not received within 30 days of the application date, the application will be denied.
- If enhancements, substitutions or additions are made to the authorized services, by the responsible relative, the burial application will be denied.

Information of Deceased

Name of Deceased	Date of Birth	Social Security Number
Address Prior to Death	Date of Death	Place of Death
Was the deceased receiving Public Assistance at the time of their death? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Did the deceased die as the result of crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, refer to Minnesota Crime Victims Reparations Board for Reparations Application to cover burial expenses.		

Funeral Arrangements

Funeral Home Chosen		Address of Funeral Home	
Phone Number of Funeral Home		Fax Number of Funeral Home	
Requested Funeral Arrangement:	<input type="checkbox"/> Cremation without a Service		
	<input type="checkbox"/> Cremation with a Service		
	<input type="checkbox"/> Traditional Burial		
Does the deceased have religious or other objections to cremation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			

Information of Applicant

Name of Applicant		Relationship to Deceased	
Address		Phone Number	
The person filling out this application is responsible for providing verification of resources owned by the deceased and their responsible relative. Resources include those currently available and those that were available during the 30 day period prior to the death of the deceased.			
<input type="checkbox"/> Check here to confirm that you will provide verification of resources to the best of your ability.			

Information of Next of Kin

Name of Spouse		Phone Number of Spouse	
Address of Spouse			
Check here to confirm that deceased individual was not married. <input type="checkbox"/> Not Married			
Name of Next of Kin		Relationship to Deceased	
Address of Next of Kin		Phone Number of Next of Kin	
Check here to confirm that Next of Kin is unknown. <input type="checkbox"/> Next of Kin unknown			
Is the deceased survived by a minor child under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there anyone else who has knowledge or access to the deceased person's assets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			

Resource Information of Deceased, Spouse of Deceased, and Parent (if deceased is a Minor)

Prepaid Burial Resources

	Location	Amount/Value
Does the deceased have a pre-paid burial fund or other burial benefit plan?		
Is the deceased eligible for Veteran's burial benefits or Social Security death benefits?		
Does the deceased have a burial plot?		

Check here to confirm that no burial or death benefits exist.

No burial or death benefits exist.

Monthly Income of the Deceased

Wages, Self-Employment, Rental Income:	\$	Other Earned or Unearned Income:	\$
Social Security Retirement, Railroad Retirement, Veteran's Benefits:	\$	Other Retirement/Pension:	\$
Social Security Disability, Supplemental Security Income (SSI):	\$	Other Disability:	\$

Check here to confirm that deceased has no income source.

No income known.

Life Insurance – include policies with responsible relative as beneficiary

Owner	Company	Policy Number	Value	Beneficiary

Check here to confirm that no life insurance is owned.

No life insurance owned.

Bank Accounts, Cash, and other Resources

Does the deceased, their spouse, or parent (if deceased is a minor) own any of the following?

Type of Property – Bank and Account Number	Owner(s) Name	Total Value
Cash		
Accounts such as checking, savings, debit cards, money market, certificates of deposit (CD), retirement funds, nursing home and representative payee accounts.	Type(s):	

Bank Accounts, Cash, and other Resources

Does the deceased, their spouse, or parent (if deceased is a minor) own any of the following?

Type of Property – Bank and Account Number	Owner(s) Name	Total Value
Stocks, bonds, contract for deed, annuities, or other securities.		
Crowdfunding / Other:		

Check here to confirm that no cash or financial accounts exist for the deceased, their spouse, or parent (if deceased is a minor). No financial accounts exist.

Real Estate and Vehicles

Does the deceased, their spouse, or parent (if deceased is a minor) own any of the following?

Type of Property – Address or Location	Owner(s) Name	Total Value
Property such as a home, mobile home, vacation home, rental home, or land.	Type(s):	
Vehicles such as cars, trucks, vans, camper, motorcycles, boats, ATVs, snowmobiles, or trailers (make/model/year)		
Other:		

Check here to confirm that no real estate or vehicles are owned by the deceased, their spouse, or parent (if deceased is a minor). No real estate or vehicles exist.

Transferred Assets

Has the deceased, their spouse, or parent (if deceased is a minor) transferred, given away, donated, or otherwise disposed of any assets or income within the 30 days prior to death?

Yes No If yes, complete:

Property or Income	Amount	Date	Recipient

By signing:

- I declare that this application has been examined by me and to the best of my knowledge and belief, is a true and correct statement of every material point.
- I understand that I am responsible to ensure that available resources of the decedent and responsible relative are paid directly to the burial provider.
- I understand that if other resources are discovered, or become available to the deceased's estate, the county must be notified immediately by the applicant.
- I understand that the applicant and/or next of kin is required to cooperate with all county collections regarding the decedent's resources. Failure to cooperate in identifying or turning over the decedent's resources may result in legal actions.
- I understand that if I knowingly provide false information on this form, I will be subject to prosecution for fraud.
- I acknowledge that in accordance with Minnesota Statute §261.04, St. Louis County shall file a claim against the estate of the deceased person who received burial assistance.
- I understand the cost of the burial cannot exceed the burial assistance limits and there cannot be any enhancements to the standard county burial by the responsible relative.
- I understand that if I disagree with the county's decision I may appeal within 30 days of the decision by completing a Request for Appeal of County Burial, PHS #02-05-0255.
- I understand that if I feel I am discriminated against because of race, color, national origin, religion, gender, age, marital status or because of physical, mental or emotional disability, I may appeal to the Minnesota Department of Human Services and/or U.S. Department of Health and Human Services.
- I give permission for St. Louis County to exchange Burial Assistance eligibility information, including but not limited to, information about the decedent's income and assets with the funeral home and next of kin listed on this application.

Signature of Applicant:		Date:	
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Agency Address

Fax: (218) 733-2975			
320 West 2 nd Street Duluth, MN 55802	201 South 3 rd Ave W – PO Box 1148 Virginia, MN 55792	320 Miners Drive E Ely, MN 55731	1814 14 th Avenue E Hibbing, MN 55746

Office Use Only**County Burial Determination**

<input type="checkbox"/> Denied			
<input type="checkbox"/> Approved	<input type="checkbox"/> Cremation without a Service		
	<input type="checkbox"/> Cremation with a Service		
	<input type="checkbox"/> Traditional Burial		
Financial Worker Signature:		Date:	
Supervisor Signature:		Date:	