

MUSKINGUM TOWNSHIP

INDIGENT BURIAL PROGRAM - ASSISTANCE APPLICATION

DECEDENT INFORMATION

TO BE COMPLETED BY APPLICANT FOR THE DECEASED

Date: _____

Decedent's Name: _____

Last Known Address: _____
Street City State Zip

Nursing Home? **Yes / No**. If Yes, Name Of Home: _____
Admit Date: _____

Social Security#: ____ - ____ - _____ Date-Of-Birth: _____

Date-Of-Death: _____ Place Of Death: _____

Place Of Residence: _____

Did the deceased rent? **Yes / No**.

Did the deceased own? **Yes / No**. If yes, mortgage? **Yes / No**

Length of Time at Current Address: _____

Prior Residence - if length of time is less than three months
prior residence: _____

Was the deceased a veteran? **Yes / No**. If yes,

Veteran's C#: _____ Military Branch: _____

Did the deceased make arrangements for the purpose of medical or
surgical study or dissection in accordance with section 1713.34
of the Ohio revised code? **Yes / No**.

Who claimed the body of the deceased?

Name: _____

Address: _____
STREET CITY STATE ZIP

When? _____ Where? _____

NEXT OF KIN

Name: _____

Address: _____

STREET

CITY

STATE

ZIP

Social Security#: ____ - ____ - _____ Date-Of-Birth: _____

Phone Number: _____

NEXT OF KIN

Name: _____

Address: _____

STREET

CITY

STATE

ZIP

Social Security#: ____ - ____ - _____ Date-Of-Birth: _____

Phone Number: _____

FINANCIAL INFORMATION

Was the deceased employed? **Yes / No.**

If yes, where?

Did the deceased have a pension? **Yes / No.**

If yes, what amount? _____

Source of income last three months prior to death: _____

Amount: \$ _____ Date last received: _____

Did the deceased receive benefits from Job and Family Services, Medicaid, Healthy Start, Food Stamps or any other program?

Yes / No. If yes, what? _____

Did the deceased have a patient care account at an extended care facility at the time of death? **Yes / No.**

If yes, what amount? _____

Was there any life insurance policies for the deceased?

Yes / No. If yes what amount? _____

Was there any accident insurance policies for the deceased?

Yes / No. If yes what amount? _____

Was there any burial insurance?: **YES / NO.**

If yes, Company: _____

Does the deceased own a burial Plot? YES ____ NO ____

If yes, where: _____

SAVINGS/CHECKING ACCOUNTS

Financial Institution: _____

ACCOUNT #: _____ Balance: \$ _____

Financial Institution: _____

ACCOUNT #: _____

Balance: \$ _____

Any other accounts are to be listed on separate paper.

VALUABLES/ASSETS

Describe type and location of real property.

Real Property includes all lands, buildings, fixtures, and improvements, improvements on leased land and cabin trailers and

mobile homes not registered for highway use but utilized like a building. Real property also includes mines, minerals, quarries, mineral springs and wells, oil and gas wells, overriding royalty interests, and production payments with respect to oil or gas leases. Lastly all real property includes all privileges pertaining to the real property.

RealProperty: _____

DESCRIBE TYPE & LOCATION of personal property.

FOR EXAMPLE: Jewelry in safe deposit box

Personal Property: _____

Safe deposit box?: **Yes / No** If yes, location: _____

VEHICLE (S) OWNED

Make: _____ Model: _____ Year _____
Make: _____ Model: _____ Year _____

APPLICANT'S INFORMATION

Name: _____

Address: _____

STREET

CITY

STATE

ZIP

Social Security#: _____ - _____ - _____ Date-Of-Birth: _____
Phone Number: _____ Source of Income: _____

REQUEST FOR BURIAL

1. Applicant is related to _____
who died on or about _____, 20____, and that the
relationship is as the _____ of the decedent.

2. Applicant is aware of the need to provide for burial
of the decedent; affiant lacks sufficient means to pay for
burial.

3. Applicant requests that burial be arranged by
Muskingum Township and understands that burial will be in a
Muskingum Township Cemetery unless other arrangements are made.

CERTIFICATION

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENT
OF FACTS IS TRUE AND CORRECT.

I UNDERSTAND THAT EACH STATEMENT IS SUBJECT TO INVESTIGATION AND
VERIFICATION, THAT PROOF IS REQUIRED FOR EACH STATEMENT AND MY
SIGNATURE CONSTITUTES AUTHORIZATION FOR SUCH INVESTIGATION.

Applicant's Signature Date

NAME OF MORTUARY: _____ CONTACT: _____

Phone # _____ TWP Approval Date _____