

# Lancaster County General Assistance Cremation Assistance Application

Person requesting assistance: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

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

## Deceased Information

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current address: \_\_\_\_\_ How long there: \_\_\_\_\_

Owned/Buying/Renting: \_\_\_\_\_ Nursing Home/Assisted Living: Y or N - How long there: \_\_\_\_\_

Previous address: \_\_\_\_\_ How long there: \_\_\_\_\_

Own/Buy/Rent: \_\_\_\_\_

Monthly income: \_\_\_\_\_ Sources(s) of income: \_\_\_\_\_

## Household Income/Assets/Resources

Marital Status: \_\_\_\_\_; If married, Spouse's name: \_\_\_\_\_

Spouse's Social Security #: \_\_\_\_\_; Spouse's income: \_\_\_\_\_

Cash on hand: \_\_\_\_\_ Checking Account: \_\_\_\_\_ Savings Account: \_\_\_\_\_

Debit Card(s): \_\_\_\_\_ Home Equity: \_\_\_\_\_ Vehicle(s): \_\_\_\_\_

Life Insurance: \_\_\_\_\_ Veteran: \_\_\_\_\_; If so, Branch: \_\_\_\_\_ Dates of Services: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

I declare that I have provided the information indicated and, to the best of my knowledge, it is true, accurate, and complete. I agree to provide verification(s) if requested, to determine the deceased's financial eligibility. I further agree to cooperate with the funeral home in securing any and all income/assets/resources of the deceased.

\_\_\_\_\_  
Representative's Name (Print)

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Assistance Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date