

## SERVICES COVERED BY COUNTY CREMATION

As a responsible relative or authorized person of EXAMPLE ONLY, who died without adequate funds or resources to pay for the cost of cremation, I do hereby request of Lancaster County the authorization of payment for a Cremation Service for the above-named person. The Lancaster County General Assistance Guidelines, Chapter 4, have been explained to me. I fully understand and consent to the terms and conditions of the plan therein.

I understand that the services covered by Lancaster County are an immediate cremation which includes; any required preparation, a cardboard container, a plastic container for cremated remains, transportation from place of death to the mortuary, transportation to the place of cremation, if different from mortuary, the crematory fee, and publication of the one-time, Death Notification as provided at no charge by the local newspaper. When requested by the applicant, inurnment in the ossuary at Wyuka Cemetery may also be provided.

I understand that chapel services, graveside committal service, flowers, organist, pallbearers, clergy fee, clothing, viewing/visitation, or preparation for viewing, transportation for the family, memorial cards or record book, telephone or telegraph notices, transportation of the deceased outside Lancaster County (see Section 4:104), headstone, funeral escort service, publication of an obituary consisting of anything more than the one-time death notification provided at no charge by the local newspaper, and burial of cremated remains except in accordance with Section 4:111, or other services are not included, nor can they be purchased by anyone else. Any purchase of such services by the family will be considered supplementation/augmentation which will preclude payment by the County.

I agree that I will accept the services as outlined above, that I have not made nor will I make financial arrangements to provide for supplementation/augmentation of such services and that I will cooperate with the funeral home in securing income and assets of the decedent to be applied to the cost of cremation when applicable.

I further agree if I am the surviving spouse, dependent child, or representative of spouse/child(ren), of the deceased and if there is a Social Security Death Benefit available for the deceased, I will file for said benefit and pay it to Lancaster County as partial payment of the cost of a County Cremation.