



**OTTAWA COUNTY**  
**APPLICATION FOR COUNTY BURIAL ALLOWANCE**

Name of Deceased:			
Address of Deceased:			
Name of Veteran (if other than above):			
Address of Veteran (if deceased, so indicate):			
Veteran's Branch of Service:	Date of Enlistment:	Date of Discharge:	Honorably Discharged: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Death of Deceased:		Residence at Time of Death (Place, City, State, County):	
Residence the Year Prior to Death (Place, City, State, County):			
Surviving Dependents of Deceased:		Age:	Relationship:
Name of Mortician/Funeral Home:		Phone Number:	
Total Expenses Incurred for Funeral and Burial:			
Name of Person Incurring Funeral Expenses:		Phone Number:	
Address:			
Name of Applicant:		Phone Number:	
Address:			
Relationship of Applicant to Deceased:			
<b><u>Property of Deceased</u></b>			
Did deceased have Life Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name of beneficiary:			Amount \$
If yes, payable to estate of deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount \$
Cash, Checking Account, Savings Account, Stocks, Bonds, or other Securities (individually or jointly held): <input type="checkbox"/> Yes (if so list each below) <input type="checkbox"/> No			
_____			Amount \$
_____			Amount \$
_____			Amount \$
_____			Amount \$
_____			Amount \$
Excluding Home, Car and Personal Property, Assets are less than \$40,000 <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b><u>Attestation of Applicant</u></b>			
_____ states, under penalty of perjury, that he/she completed the foregoing Application for County Burial Allowance and that facts therein contained are true according to his/her best knowledge and belief.			
Signature of Applicant _____			Date: _____

**AFFIDAVIT OF MORTICIAN**

\_\_\_\_\_ states that he/she represents the \_\_\_\_\_ Funeral Home; that he/she or his/her employees provided funeral and burial services for the within named veteran, or spouse or widow(er) of veteran; that the attached itemized statement of expenses and services is correct, and there remains unpaid at this date the sum of \$\_\_\_\_\_.

Signature of Funeral Home Representative \_\_\_\_\_ Date \_\_\_\_\_

**ASSIGNMENT**

(completed by applicant if payment is to be made to the funeral home)

In consideration of the performance of services in and about the funeral and burial of aforementioned deceased person, \_\_\_\_\_, expenses thereof having been charged to me, I do hereby assign and transfer all of my rights and interest in the claim for County Burial Allowance under Section 35.801, CL 1948, as amended by act 94 of 1955 to \_\_\_\_\_ Funeral Home / Mortician with the following mailing address: \_\_\_\_\_.

Signature of Person Incurring Funeral Expenses \_\_\_\_\_ Date \_\_\_\_\_

WITNESSES:

x \_\_\_\_\_ x \_\_\_\_\_

**REPORT OF THE OTTAWA COUNTY DEPARTMENT OF VETERANS AFFAIRS**

I, \_\_\_\_\_ a veterans service counselor with the Ottawa County Department of Veterans Affairs, have investigated the within claim pursuant to Section 35.801, CL 1948, et seq, as amended by Act 94 of 1955, being an act to provide for the payment by counties of certain funeral expenses of ex-service persons or their spouse or widow(er)s, and I herewith submit the following report:

The facts and particulars set forth in the above application in the case of deceased person \_\_\_\_\_ are to the best of my knowledge and belief, a true statement of the material facts in this case, except as noted under REMARKS hereinafter.

Remarks:

**Eligibility:**

To the best of my knowledge, the deceased is eligible for the County Burial Allowance.

The deceased is not eligible for the County Burial Allowance for the following reason(s):

The deceased veteran or spouse is not a resident of Ottawa County.

The Veteran did not serve during a war time era.

Surviving spouse or dependent child--- Excluding home, car, and personal property, the deceased estate exceeds the \$40,000 asset limit.

No surviving spouse or dependent child ---- The estate of the deceased was adequate to cover the cost of the funeral and burial.

The applicant for the County Burial Allowance failed to provide the required documentation.

Other:

Signature of Veterans Service Counselor \_\_\_\_\_ Date \_\_\_\_\_