



Ottawa County Veterans Services

Application for County Burial Allowance

For eligible deceased veterans and certain spouses | Maximum county allowance: \$600

Deceased and veteran information

Deceased full name: _____ Date of death: _____

Deceased is: ☐ Veteran ☐ Veteran's spouse Veteran full name (if different): _____

Veteran date of birth: _____ Last 4 SSN: _____ Branch of service: _____

Service start: _____ Service end: _____ Discharge: ☐ Honorable ☐ Other ☐ Unknown

Wartime era or other qualifying service: _____

Residence at time of death (street, city, state, ZIP, county): _____

Ottawa County resident at death: ☐ Yes ☐ No ☐ Unknown If surviving spouse, remarried: ☐ Yes ☐ No ☐ N/A

Deceased left a surviving spouse or dependent child under age 18: ☐ Yes ☐ No ☐ Unknown

Applicant, funeral home, and payment information

Applicant full name: _____ Relationship / role: _____

Phone: _____ Email: _____

Applicant mailing address: _____

Applicant incurred or advanced funeral expenses: ☐ Yes ☐ No ☐ Unknown

Person responsible for expenses (if different): _____ Phone: _____

Responsible party mailing address (if different): _____

Funeral home / mortician: _____ Phone: _____

Funeral home mailing address: _____

Total funeral and burial expenses: \$ _____ Current unpaid balance: \$ _____

Requested payment to: ☐ Person responsible for expenses ☐ Estate of deceased ☐ Funeral home (complete assignment on page 2)

Estate and available resources

Life insurance: ☐ Yes ☐ No Beneficiary: _____ Benefit: \$ _____

Any life insurance payable to the estate: ☐ Yes ☐ No Amount payable to estate: \$ _____

Cash, accounts, securities, and other liquid assets (including jointly held):

Total liquid assets: \$ _____

Total countable estate excluding home, car, and personal property: \$ _____

If a surviving spouse or child under 18 exists, estate is below \$70,000: ☐ Yes ☐ No ☐ N/A or unknown

If no qualifying survivor exists, estate is less than funeral and burial costs: ☐ Yes ☐ No ☐ N/A or unknown



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Applicant attestation, funeral home certification, assignment, and OCVS determination

○ Applicant attestation

I certify, under penalty of perjury, that I completed this application and that the information provided is true and complete to the best of my knowledge and belief. I understand that submitting this application does not guarantee approval or payment.

Applicant signature: _____ **Date:** _____

○ Required documentation

☐ DD214 / separation record ☐ Death certificate ☐ Itemized funeral invoice ☐ Proof of residence, if needed

OCVS cannot complete review until the required application and supporting documents are received.

○ Affidavit of funeral home representative

Complete when payment is requested to the funeral home.

Representative name: _____ **Title:** _____

I state that I represent the funeral home identified on page 1; that the funeral home or its employees provided funeral and burial services for the deceased identified in this application; that the attached itemized statement is correct; and that the unpaid balance shown on page 1 remains due.

Funeral home representative signature: _____ **Date:** _____

○ Assignment to funeral home

Complete only when any approved allowance is to be paid directly to the funeral home.

☐ I assign any approved County Burial Allowance to the funeral home identified on page 1.

Signature of person responsible for expenses: _____ **Date:** _____

Witness 1 signature: _____ **Witness 2 signature:** _____

○ Ottawa County Veterans Services review and determination

Date received: _____

Determination: ☐ Eligible ☐ Not eligible ☐ Pending additional information

If not eligible or pending, select all that apply:

- | | |
|---|---|
| ☐ Not an Ottawa County resident at death | ☐ Service did not meet policy requirements |
| ☐ Discharge did not meet policy requirements | ☐ Estate exceeds the applicable \$70,000 limit |
| ☐ No qualifying survivor and estate can cover burial costs | ☐ Required documents not provided |
| ☐ Other: _____ | |

Remarks:

OCVS counselor signature: _____ **Date:** _____