

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**Affidavit of Responsible Relative**

As provided in the West Virginia Public Welfare Law §9-5-9, it must be determined if certain relatives (i.e., children, father, brothers, sisters, and mother) who are designated by State Law as responsible for paying for the deceased's burial expenses and have the ability to pay the burial expenses. Please complete, sign, and date this document.

Name of Deceased: \_\_\_\_\_

Name of Responsible Relative: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

I am applying to the \_\_\_\_\_ (county) Department of Health and Human Resources for the cost of burial for \_\_\_\_\_(name).

I attest and state that my financial situation will:

- Not permit me to pay any amount toward the maximum allowable payment (\$2,450) allowed by the Department of Health and Human Resources.
- Permit me to pay \$\_\_\_\_\_ toward the maximum allowable payment (\$2,450) permitted by the Department of Health and Human Resources and which I agree to pay.
- Permit me to pay the maximum allowable payment (\$2,450) permitted by the Department of Health and Human Resources which I agree to pay.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date