

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Burial Billing Form**

PART I INFORMATION REGARDING DECEASED

WV DHHR County Office: _____
Address: _____ F.E.I.N.: _____
Date of Death: _____
Name of Deceased: _____ Date of Interment: _____
Address: _____ Date of Cremation: _____

IMPORTANT:

Application must be made in local DHHR office within 30 days of the date of Interment or Cremation

Is the Deceased potentially eligible for Social Security or Veteran's Administration Death Benefits?

Yes No

If yes, have you made application for these benefits? Yes No

PART II PERSON ARRANGING FOR BURIAL SERVICE

Name: _____ Phone Number: _____
Address: _____ Relationship: _____

PART III LIST KNOWN LIVING RELATIVES OF DECEASED AND THEIR CURRENT LOCATION

(Complete only if person arranging for burial service is a specified relative of the deceased.)

NAME	RELATIONSHIP	COUNTY	STATE

PART IV DESIGNATED RELATIVE'S STATEMENT

I hereby certify and swear that neither the estate of the deceased nor the above-listed relatives of the deceased, including but not limited to myself, either by virtue of our combined assets or by virtue of the individual assets of each, possess sufficient resources equal to or in excess of the maximum allowable payment of \$2,450. I understand, under penalty of perjury, that I am certifying not only that I do not possess the assets to pay for the funeral expenses referenced herein, but that each statutory family member listed above does not have the ability to pay, nor do the combined assets of all the above-listed family members equal enough to pay for the funeral expenses of my deceased relative.

Signature in blue ink

Relative's Signature: _____ Date: _____

Witness's Signature: _____ Date: _____

PART V TO BE COMPLETED BY FUNERAL HOME

Line 1.	Maximum Cost of Indigent Burial Services that Funeral Home may collect:			\$2,450
Line 2.	Maximum Payment Department of Health and Human Resources (DHHR) will pay:			\$1,250
Line 3.	Less exempted resources received at time of burial arrangement:			
	(a)	Pre-paid Burial Trust		
	(b)	Insurance Benefits		
	(c)	Worker's Compensation		
	(d)	United Mine Workers' Compensation		
	(e)	Social Security		
	(f)	Veterans' Benefits		
	(g)	Contribution from Friends and Relatives		
	(h)	Other (Specify)		
Line 4.	Total Exempted Resources			
Line 5.	Does Line 4 exceed \$1,250? Check box.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Line 6.	If yes, subtract the amount in Line 4 from \$2,450. This is the amount you are eligible to receive.			
Line 7.	If no, enter \$1,250 into the box. That is the amount you are eligible to receive.			
Line 8.	Have you applied for or expect to receive any resource, not reported above? Check Box.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Line 9.	If so, please indicate the type and amount of resource, and the date you expect to receive it.			
	Type of Resource		Amount of Resource	Date to be Received

This is to certify that the foregoing information is true, accurate and complete; that the services covered by this billing form were provided without regard to race, color or national origin; and that the billing is submitted in compliance with the WV Department of Health and Human Resources' rules and fee structure in effect on date of service. The charges reported herein for the funeral services provided are the usual and customary charges made by the undersigned funeral establishment for similar services provided the general public.

I further certify that if I later receive any resources as indicated in Item 10, I will reimburse the Department of Health and Human Resources for the appropriate amount if these resources, above or in addition to resources received at the time of burial, exceed the exempted resource level of \$1,200 (State Code § 9-5-18).

If more than one body is to be placed in a single casket, it must be approved by a family member or the person making the burial arrangements. The Funeral Home Director must also agree with this arrangement and must notify the Department of this type of burial arrangement prior to the burial.

I agree I do not agree Not applicable

FUNERAL DIRECTORS: DO NOT write in this Box

Approval	
Worker's Signature	_____
Date	_____
Supervisor's Signature	_____
Date	_____

Signature: (Blue Ink) _____
Title: _____
Funeral Home: _____
Address: _____
City, State, Zip _____
Date: _____