

**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: \_\_\_\_\_