WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Application for Burial Benefits

A.	Addre		Phone						
	City, S	State, Zip							
B.	DHHR Benefits Received		Birth Date						
		State Zin							
	Date	of Death	Social Security Number						
	IMPORTANT NOTE: Application must be made within 30 days of Interment or Cremation.								
		the deceased a resident of West Virgi Yes	nia at the time of death?						
	If the answer to this question is "No", explain why the deceased is to be buried in West Virginia.								
C.	Your Relationship to the Deceased (Check One)								
		Spouse Son or Daughter Father Mother Brother or Sister	Other Relative (Specify) Friend Heir Other						
D.	Need	Need for Payment of Burial Costs and Estate of the Deceased							
	I attes	I attest and state that:							
		The deceased's estate did not have sufficient resources equal to the maximum allowable payme (\$2,450)							
		The deceased, at the time of death, did have sufficient resources equal to or in excess of the maximum allowable payment. (\$2,450)							
		I have no knowledge of/or about the deceased's estate.							
E.	Heirs	Heirs of the Deceased							
	I attes	I attest and state that:							
		The deceased has no heirs.							
		No heirs have been located after a reasonable search.							
		I have no knowledge of/or about the heirs of the deceased.							

F.	Resource								
	I attest and state that the following resources and amounts will be applied toward the burial costs:								
		Insurar Worked United Contrib Social Vetera Other (d Burial Trunce Benefits' Compen Mine Work outions from Security ns' Adminis (Specify) ources avai	s sation ers' Com r Friends stration	pensation and Relatives	TOTAL	\$ \$ \$ \$ \$ \$ \$		
G.	Multiple Burials								
	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 notify the Department of such arrangement.								
	□lag	gree	□ I do	not agree	□ Not applicable				
H.	Signatu	ure							
	Yes I understand that if I am a liable relative of the deceased (chil father, brothers, sisters, or mother) as provided under the F Welfare Law of West Virginia, I am required to complete the Affida Responsible Relative to determine if I am of sufficient financial abil apply toward the cost of burial. If I refuse to sign the Affidat Responsible Relative, the Department of Health and Human Resort (DHHR) will not make payment of the burial rate.								
	☐ Yes	5	☐ No	2.		ain reimbursem	a claim upon the estate of the nent for the amount of payment cost.		
	☐ Yes	S	□ No	3.	Director agrees to provid Department, burial progr funeral service, clothing, of the Funeral Home Direct funds up to a maximum	de the burial ram benefits verset, concret tor is entitled of \$1,200, but	proved and if a Funeral Home and accept payment from the will cover the following items: te box and transportation. Also, to and may request additional ut under no circumstances will 1,250 for an approved burial.		
and -2	, I am gi	uilty of a	a misdemea	anor and,		hall be fined no	ation, including forms DFA-BU-1 ot more than \$1,000 or confined code §9-5-18)		
			Applicar	nt's Signa	ture		Date		
				DC	NOT WRITE BELOW THIS	S LINE			
Worke	r's Reco	ording							
			Worker	r's Signat	ure		Date		