

# WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

## Application for Burial Benefits

A. **Applicant's** Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

B. Deceased's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Source of Income \_\_\_\_\_  
DHHR Benefits Received \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Date of Death \_\_\_\_\_ Social Security Number \_\_\_\_\_

Was the deceased a resident of West Virginia at the time of death?

☐ Yes ☐ No ☐ Unknown

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)

<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Relative (Specify)
<input type="checkbox"/> Son or Daughter	<input type="checkbox"/> Friend
<input type="checkbox"/> Father	<input type="checkbox"/> Heir
<input type="checkbox"/> Mother	<input type="checkbox"/> Other _____
<input type="checkbox"/> Brother or Sister	

D. Need for Payment of Burial Costs and Estate of the Deceased

I attest and state that:

- ☐ The deceased's estate did not have sufficient resources equal to the maximum allowable payment. (\$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 of the Deceased

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:

<input type="checkbox"/>	Prepaid Burial Trust	\$	_____
<input type="checkbox"/>	Insurance Benefits	\$	_____
<input type="checkbox"/>	Workers' Compensation	\$	_____
<input type="checkbox"/>	United Mine Workers' Compensation	\$	_____
<input type="checkbox"/>	Contributions from Friends and Relatives	\$	_____
<input type="checkbox"/>	Social Security	\$	_____
<input type="checkbox"/>	Veterans' Administration	\$	_____
<input type="checkbox"/>	Other (Specify) _____	\$	_____
<input type="checkbox"/>	No resources available	<b>TOTAL</b>	\$ _____

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.**

☐ I agree      ☐ I do not agree      ☐ Not applicable

H. Signature

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.	I understand that if I am a liable relative of the deceased (children, father, brothers, sisters, or mother) as provided under the Public Welfare Law of West Virginia, I am required to complete the Affidavit of Responsible Relative to determine if I am of sufficient financial ability to apply toward the cost of burial. If I refuse to sign the Affidavit of Responsible Relative, the Department of Health and Human Resources ( <b>DHHR</b> ) will not make payment of the burial rate.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2.	I understand that the ( <b>DHHR</b> ) will enter a claim upon the estate of the deceased in order to obtain reimbursement for the amount of payment the Department makes toward the burial cost.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3.	I understand if this application is approved and if a Funeral <b>Home</b> Director agrees to provide the burial and accept payment from the Department, burial program benefits will cover the following items: funeral service, clothing, casket, concrete box and transportation. Also, the Funeral <b>Home</b> Director is entitled to and may request additional funds up to a maximum of \$1,200, but under no circumstances will payment from the Department exceed \$1,250 for an approved burial.

I understand if I knowingly swear falsely about any information regarding this application, including forms DFA-BU-1 and -2, I am guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than \$1,000 or confined in the county or regional jail for a period of not more than six months, or both.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE

Worker's Recording \_\_\_\_\_

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date