

**APPLICATION FOR INDIGENT BURIAL ALLOWANCE  
COUNTY COMMISSIONERS, MEDINA COUNTY, OHIO**

**PART I - INFORMATION REGARDING VETERAN (Please print or type all responses)**

Name of Veteran: \_\_\_\_\_ Date: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Date and Place of Death: \_\_\_\_\_

Address at time of death: \_\_\_\_\_

Marital Status at time of Death: ( ) Never Married ( ) Married ( ) Widowed ( ) Divorced

Entered Service (place & date) \_\_\_\_\_

Separated Service (place & date) \_\_\_\_\_

Type of Separation \_\_\_\_\_ Branch of Service \_\_\_\_\_

**PART 2 - INFORMATION RELATING TO DECEDENT'S ASSETS**

What is the total value of decedent's property, both real and personal? \_\_\_\_\_

What is the current amount of decedent's ready assets (cash, bank, stocks, bonds, etc.?) \_\_\_\_\_

Amount of Life Insurance? \$ \_\_\_\_\_ When applied for? \_\_\_\_\_

Who is beneficiary of the assets of the decedent's estate? \_\_\_\_\_

**PART 3 - INFORMATION RELATING TO DECEDENT'S BURIAL**

Date and Place of Burial \_\_\_\_\_

Total expense of Burial, Funeral and Transportation \$ \_\_\_\_\_

Is there any burial allowance forthcoming, from any source? If so, state amount \$ \_\_\_\_\_

Name and address of Funeral home? \_\_\_\_\_

**PART 4 - INFORMATION REGARDING CLAIMANT**

Name of Claimant \_\_\_\_\_ Relationship to decedent \_\_\_\_\_

Address of Claimant \_\_\_\_\_

Phone Number of Claimant ( ) \_\_\_\_\_ SS# of Claimant \_\_\_\_\_

Amount of Funeral/Burial expenses paid by claimant? \$ \_\_\_\_\_ Paid by others \$ \_\_\_\_\_

The reason Claimant cannot defray the total cost of Funeral/Burial? \_\_\_\_\_

*(Copies of Death, Military Service, Marriage <if applicable> and the funeral/burial bill are required.)*

I CERTIFY THAT CLAIMANT FOR INDIGENT VETERANS BURIAL ALLOWANCE IS UNABLE, FOR WANT OF MEANS, TO DEFRAY THE EXPENSES OF THE BURIAL, OR THAT THE CLAIMANT MAY BE DEPRIVED OF MEANS ACTUALLY NECESSARY FOR THE CLAIMANTS IMMEDIATE SUPPORT.

\_\_\_\_\_  
(Signature of Claimant)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Location signed)

\_\_\_\_\_  
(My Commission Expires)

Notary Seal