



Kaitlyn Fredrickson
Director

Social Service Emergency: 320-523-1161 (Sheriff)
Hearing Impaired Voice/TTY: 320-523-3560
Fax: 320-523-3565

Renville County Funeral Program Application

Name of the Deceased: _____

Date of Birth: _____ Date of Death: _____

Social Security Number: _____

Address of Deceased at Death (if Deceased resided in a nursing facility at time of death, please enter address prior to entry):

Place of Death: _____

Funeral Home: _____

Marital Status of the Deceased:

Single

Married

Widowed and not remarried

Are there dependent children (under the age of 18 or disabled) in the home? _____

Did the Deceased currently or ever receive assistance from Renville County or any other county? If yes, what type of assistance? _____

Was the deceased a Veteran? Yes No

Income Information

Answer "yes" or "no" to each of the following:

	Yes	No	Amount	Comments
A. Social Security (RSDI)			\$	
B. SSI			\$	
C. Pension or Retirement Benefits			\$	
D. Veterans Benefits			\$	
E. Wages from Employment			\$	
F. Annuities			\$	
G. Rental Income from Land or Buildings			\$	
H. Farm Income			\$	
I. Income from Contract for Deed			\$	
J. Other (Explain)			\$	

Asset Information

Answer "yes" or "no" to each of the following:

	Yes	No	Total Value	Other
A. Cash on Hand (or in nursing home account)			\$	
B. Savings in banks, credit unions, savings and loans, safety deposit boxes, etc.			\$	Bank Name:
C. Checking Accounts			\$	Bank Name:
D. Stocks, Bonds, Certificates of Deposit			\$	Specify Type:
E. Life Insurance			\$	Name of Beneficiary:
E. Cars and Trucks (1) Make/Model/Year _____ (2) Make/Model/Year _____			\$	Amount Owed:
F. Machinery			\$	Amount Owed:
G. Livestock			\$	Amount Owed:
H. Other: Including boats, campers, motorcycles, snowmobiles, etc.			\$	Amount Owed:
I. Real Estate (house, land, etc.)			\$	Amount Owed:
J. Burial Plot			\$	
K. Grave Marker			\$	

APPLICANT INFORMATION

Name of Applicant: _____

Applicant's Phone Number: _____

Address of Applicant: _____

Applicant's Relationship to the Deceased: _____

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The estate of _____ is not adequate to pay for funeral/burial expenses nor are relatives of the Deceased willing to pay for funeral/burial expenses.

A county-paid burial constitutes the total payment for all services, including, but not limited to professional services, casket and/or grave liner. Family or friends cannot pay additional dollars for upgrades or additional add-on charges by the funeral home. Any instance involving the family wishing to upgrade or pay additional charges billed by the funeral home will result in voiding of the claim for a county-paid burial. Families may use memorials to cover such expenses as honorariums, flowers or food, in a reasonable amount.

Voluntary contributions toward funeral expenses from family and friends are encouraged by Renville County. Any such voluntary contributions will be used to reduce total County expenses toward the funeral costs.

I understand that assets owned by the Deceased at the time of death will be assigned to Renville County Human Services to offset county cost.

I give Renville County Human Services permission to discuss the information in this Application with the Funeral Director.

Signature of Applicant: _____

Date: _____

At this point the family intends to have the following type of funeral:

- Cremation
- Traditional Funeral

(By checking the box does not hold the family to this type of funeral.)

County use only	
<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
County Signature: _____	
Date: _____	CFR _____