

Town of Milton

Burial Assistance Application

Please accept our condolences on your recent loss. We realize this is a very difficult time and we hope to do everything possible to make this process go smoothly for you.

The enclosed Application for Burial Assistance must be completed and returned to the Town of Milton within **14 days of notification of the next of kin**. The application should be completed by the closest living relative or legal representative. The Town of Milton will assist with a contribution not to exceed \$750.00. The Town of Milton does not reimburse for payments already made.

You may be asked to provide verification of the income and assets of the decedent, spouse and/or other responsible relatives. Verification must be received within 5 days of the date of application and must be verified as of the date of death.



IN PERSON INTERVIEW – In person interviews required for all assistance. All information must be furnished at the time of the interview. Special exceptions can be made for additional time, not to exceed 5 days.

If you have questions about the process or would like to request an appointment, please contact the Town of Milton Welfare Department at 603-652-4501 Ext. 9.

Town of Milton

Application for Burial Assistance

Information about the deceased person:

1. Name of Deceased:

First Middle Last

2. Date of Birth: Date of Death:

3. Social Security Number:

4. Last known address:

City State Zip

5. Marital Status (Circle One): Single Married Separated Divorced Widowed

If married, name of spouse:

6. Was the deceased or spouse of the deceased a Veteran? Yes No Unknown

If yes, complete the following if known:

Branch: Type of Discharge: Claim #:

7. Did this person die as a result of a crime committed against them? Yes No

8. Was the deceased a member of a Native American Tribe? Yes No Unknown

9. Was the deceased on any type of Public Assistance? Yes No Unknown

If yes, Case Number:

10. Did the deceased have a prepaid burial or cemetery lot prior to death?

Yes No Unknown

11. Mortuary handling funeral arrangements:

Phone #:

12. Cemetery where the deceased will be/is buried:

Phone #:

Assets

This section pertains to assets and available resources. We must have information about assets of the decedent/spouse and or other responsible relatives.

	Yes	No	Owner	Value at date of death	Financial Institution and account # if applicable
Cash					
Bank Accounts					
Stock Bonds, CDs,					
Trust Fund					
Real Property Homesteaded Y/ N					
Vehicles					
Life Insurance & Annuities					
Livestock, Farm Equipment, Machinery					
Other property, including boats, Recreational vehicles, vacation or rental property					

All assets will need to be verified as of the individual's date of death. If the deceased was on public assistance in Strafford County, we may be able to assist you in obtaining those verifications. If there is not adequate space to list all assets in a category please list on a separate attachment.

Household Income

In order to determine eligibility for burial assistance, information is needed on the income of the decedent, spouse and/or other responsible relatives. **If you are not the spouse or other responsible relative please complete this section as it pertains to the decedent only.**

Decedent's Income Source: _____

If the decedent was employed, Employer contact information: _____

Name of spouse or other responsible relative _____
SSN: _____ DOB: _____

Number of dependents: _____

(Please note that a dependent is a spouse without an income of their own OR a child under the age of 18 who was a member of the decedent's household)

If you are the spouse or surviving responsible relative, please complete the following:

Employer: _____ Phone Number: _____

*** Please provide copies of check stubs for the last 30 days.**

If you are not employed please provide a statement/explanation of how you meet your monthly living expenses. Please include information on other sources of income such as social security, pension, rental income, child support, etc.

Source of Income	Monthly Amt
_____	_____
_____	_____

How much do you pay for monthly medical expenses not covered by insurance?

Do you pay court ordered support? If yes, monthly amount? _____

Medical insurance payments, uncovered medical expenses and child support are considered allowable deductions from your income.

RIGHTS AND RESPONSIBILITIES

Please read the following statements. If you do not understand a statement, please ask that it be explained to you. Sign below to indicate that you have read and understood the statements:

- I declare, under any applicable penalties of criminal liability provided in the laws of the State of New Hampshire, which all statements contained in this application, to the best of my knowledge and belief, are true, correct and complete.
- I understand that if I knowingly provide false information on this application, I may be subject to prosecution for fraud and legal action may be initiated to recover any burial expenses paid by the Town of Milton.
- I agree to notify the Town of Milton, if any resources not listed in this application are located after I have completed this form. I understand that all resources of the deceased must first be used to defray any burial expenses authorized or paid for by the Town of Milton.
- I allow the Town of Milton Welfare Department to exchange information with the funeral director to determine my eligibility for Burial Assistance. I also allow the Town of Milton Welfare Department to obtain information about the income and assets of the deceased from their public assistance case if applicable.

Signature _____ Date: _____

Information about person completing application: (please print)

Name: _____
Relationship to Deceased: _____
Address: _____
City _____ State _____ Zip _____
Phone numbers:
Home: _____ Cell _____
Work _____ Fax _____

If person filling out the form is not Legal Next of Kin please list legal next of kin below:

Name: _____ Phone #: _____