

**VILLAGE OF COVINGTON, OHIO  
INDIGENT BURIAL APPLICATION & AFFIDAVIT OF INDIGENCY**

**PERSONAL INFORMATION**

Name of Deceased	Social Security Number	Date of Birth Date of Death
Mailing Address	City, State, Zip	Phone
Residence (if different from above)	City, State, Zip	Message Phone

**OTHER PERSONS LIVING IN HOUSEHOLD**

Name 1)	Age	Relationship	Name 2)	Age	Relationship
3)			4)		

**PART A: MONTHLY INCOME & EMPLOYMENT INFORMATION**

Type of Income	Deceased	Spouse	Household Members	Total
Employment (gross)				
Unemployment				
Worker's Comp.				
Pension				
Social Security				
Child Support				
Works First/TANF				
Disability				
Other				
Other				
Employer's Name			<b>TOTAL A</b>	<b>\$</b>
Employer's Address			Phone	

**PART B: ASSET INFORMATION**

Type of Asset	Describe/Length of Ownership/Make, Model, Year (where applicable)	Estimated Value
Real Estate / Home		
Stocks/Bonds/CD's		
Automobiles		
Trucks/Boats/Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Deceased		
Other/Life Insurance		
Checking Account (Bank/Account Number)		
Savings Account (Bank/Account Number)		
Credit Union (Name/Account Number)		
	<b>TOTAL B</b>	<b>\$</b>

**PART C: MONTHLY LIABILITIES/OTHER EXPENSES**

Type of Liability	Amount	Type of Liability	Amount
Rent/Mortgage	\$	Cable	\$
Food	\$	Water/Sewer/Trash	\$
Electric	\$	Credit Cards	\$
Gas	\$	Loans	\$
Fuel	\$	Taxes Owed	\$
Telephone	\$	Other	\$
TOTAL COLUMN	\$	TOTAL COLUMN	\$

**PART D: APPLICATION FOR BURIAL OF INDIGENT PERSON**

- Place of Death \_\_\_\_\_ Date of Death \_\_\_\_\_
- Was the deceased receiving Social Security benefits? *Yes / No*
- What kind of Social Security benefits was the deceased receiving?  
Retirement \_\_\_\_\_ Disability \_\_\_\_\_ Widows \_\_\_\_\_ Other (specify) \_\_\_\_\_
- Was the deceased receiving any other benefits? SSI \_\_\_\_\_ ADC \_\_\_\_\_  
General Relief \_\_\_\_\_ Other (specify) \_\_\_\_\_
- Was the deceased ever in the military service? *Yes / No*  
Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
- Is the deceased eligible for death benefit from any agency? *Yes / No*  
Specify agency \_\_\_\_\_
- Was the deceased ever married? *Yes / No* To Whom \_\_\_\_\_ Date of marriage \_\_\_\_\_
- Was the deceased living with spouse at the time of death? *Yes / No*  
If no, please state why \_\_\_\_\_
- List all children of deceased (natural, adopted, step):  
  

Name: _____	Age _____	Name: _____	Age _____
Name: _____	Age _____	Name: _____	Age _____
Name: _____	Age _____	Name: _____	Age _____
- List all employers for whom the deceased worked during the past five (5) years:  
  

Name: _____	From _____	To _____
Name: _____	From _____	To _____
Name: _____	From _____	To _____
- Does the deceased own: Real Estate \_\_\_\_\_ Car \_\_\_\_\_ Home Furnishings \_\_\_\_\_
- Was the deceased covered by any type of insurance? *Yes / No*
- Has application for burial allowance been filed with any other source? *Yes / No*  
Name of source \_\_\_\_\_

**PART E: (To be completed by person requesting Village assistance for the deceased)**

- 1. Name of person applying for assistance: \_\_\_\_\_
- 2. Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
- 3. Deceased Person: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 4. Annual income \$ \_\_\_\_\_ Place of Employment \_\_\_\_\_
- 5. Do you own your home? *Yes / No*      Do you own any other real estate? *Yes / No*
- 6. Monthly obligations (specify):
 

Item _____	Amount \$ _____
Item _____	Amount \$ _____
Item _____	Amount \$ _____
- 7. Was the deceased a member of your household during the past twelve (12) months: *Yes / No*
- 8. Did the deceased person turn over to you any money, bank account, property, etc. during the past five (5) years? *Yes / No*      If yes, please list items turned over to you:  
\_\_\_\_\_
- 9. Was the deceased person making any financial contribution to you during the past five (5) years? *Yes / No*
- 10. Are there any other assets of value (i.e. stocks/bonds/etc.)? *Yes / No*      If so, please list the value and description: \_\_\_\_\_

**PART F: AFFIDAVIT OF INDIGENCY**

*I, on behalf of the deceased, being duly sworn, say:*

*I hereby certify that the information I have provided on this financial disclosure and application form is true and accurate to the best of my knowledge. I hereby certify that the estate of the deceased person is insufficient to pay the cost of interment. I authorize that any monies which may be received, or made available by any person, agency, or other governmental unit, applicable to the cost of interment of the deceased person be deposited with the Village of Covington, Ohio, to be applied against the total cost of interment of the deceased person named above.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

**Notary Public:**

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_.

\_\_\_\_\_

**PART G: (To be completed by the funeral director)**

The funeral director handling the interment of a deceased person who died without adequate funds to provide for the cost of such interment and who has no living or responsible relative may make direct application to the Village of Covington, Ohio. It is understood that the funeral director will secure information relative to the deceased person and complete Part D of this application. Part F of this application must be completed by the funeral director of all indigent burials.

1. Minimum burial service will be provided for the following deceased person:  
Name \_\_\_\_\_ SSN (optional) \_\_\_\_\_
2. Has any other person, agency, or governmental unit assumed any responsibility for payment of any portion of the burial expense? *Yes / No* If yes, what amount \$ \_\_\_\_\_
3. If partial payment has been received or will be received, list the names and addresses of the individual, agency, or governmental agency that has made or will make such payment:  
Name \_\_\_\_\_  
Address \_\_\_\_\_
4. Has application for burial allowance been filed (or will be filed) with any agency? *Yes / No*
5. To the best of your knowledge, was the deceased covered by any private insurance agency?  
*Yes / No*
6. Date of Interment \_\_\_\_\_  
Place of Interment \_\_\_\_\_

*I hereby authorize the Social Security Administration to make payment or give notice of nonpayment of burial allowance to the Village of Covington, 1 S. High St., Covington, OH 45318.*

_____	_____
(Witness)	(Signature of Funeral Director)
_____	_____
(Date)	(Name of Funeral Home)
_____	_____
(Address of Funeral Home)	(Telephone No. of Funeral Home)

**PART H: VILLAGE CERTIFICATION**

- I have determined that the deceased meets the criteria for receiving village burial benefits.
- I have determined that the deceased does not meet the criteria for receiving village burial benefits.

_____	_____
Date	Village of Covington Representative's signature