



Cuyahoga County Veterans Service Commission

Ph: 216.698.2600 • Fax: 216.698.2650
1849 Prospect Avenue • Suite 150 • Cleveland, OH 44115

Application for Indigent Burial Benefit

Date:

Veteran's Information

| Name | SSN | Date of Birth | Date of Death |
|---|-----|---------------|---------------|
| | | | |
| Address (Street, City, State, Zip Code) | | | Telephone # |
| | | | |

Spouse's Information

| Name | SSN | Date of Birth | Date of Death |
|---|-----|---------------|---------------|
| | | | |
| Address (Street, City, State, Zip Code) | | | Telephone # |
| | | | |

| If "No", for 1, 2, OR 3, the Veteran may not be eligible for Indigent Burial Benefit | Yes | No | |
|--|----------------------|------------------|---------------------|
| 1. Was Veteran Honorably Discharged? | | | |
| 2. Did Veteran serve on active duty for other than training purposes? | | | |
| 3. Was Veteran a bona fide resident of Cuyahoga County for 90 days prior to death? | | | |
| 4. Did the Veteran own any rental property? | | | |
| 5. Did any minor or dependent children survive the Veteran? | | | |
| 6. Are there any life insurance policies for the Veteran? | | | |
| Is the family/applicant able to make any contribution to cost of the burial? | | | |
| Applicant/Client | VA Burial Benefit \$ | Insurance \$ | City/State \$ |
| \$ | \$ | \$ | \$ |
| List Balances | Checking Accounts | Savings Accounts | Investment Accounts |
| Veteran | \$ | \$ | \$ |
| Applicant | \$ | \$ | \$ |
| Total Assets available for burial: | | | \$ |

I affirm that (A) the deceased or members of the family or friends of the deceased do not have the necessary means to defray the funeral or interment expenses of the deceased, and (B) all the statements made here are true to the best of my knowledge. I also understand that the remaining cost after the amount authorized by the Veterans Service Commission is to be paid by the family and friends of the deceased or by resources hereto indicated.

Applicant's Signature

Funeral Director's Signature

Federal I.D. #

Please include the following:

(1) DD214, (2) Death Certificate, (3) Itemized Funeral Bill on Funeral Home Letterhead (must be signed by person responsible for bill), (4) W-9

***** FUNERAL BILL MUST NOT EXCEED \$4,925*****

CCVSC Burial Benefit will not exceed \$1,000

Indigent Burial Application must be submitted within 90 days of burial

Indigent Burial Contract with Cuyahoga County Veterans Service Commission

I _____, Funeral Director, residing at _____
Name of Funeral Home Director Address of Funeral Home

herby agree to furnish the following items for the burial of _____ who resides
Name of Veteran

at _____ and died _____, which shall consist of:
Address of Deceased Veteran Date of Death for Veteran

- (A) One casket, nicely covered with good quality cloth, lined with a good quality of white satin or other material, and trimmed on the outside with handles of fair quality in keeping with the casket.
- (B) One burial robe of good quality of material.
- (C) One plain box for receiving coffin inside the grave.
- (D) Payment for digging the grave, in the place designated by the friends of the deceased or as otherwise provided, and for filling the grave in a proper manner.
- (E) Furnishing a funeral car for conveying the remains to the place of burial.
- (F) Preparing the body for burial when so requested.
- (G) Furnishing NECESSARY TRANSPORTATION for the use of the FAMILY, or friends, and pallbearers, which people shall be returned to their respective homes or to the place where the funeral services were held.
- (H) Furnishing a decent, respectable funeral for a sum of \$ _____ dollars.
Total Cost of Funeral

I affirm the above contract is accurate and make an oath to honestly and faithfully perform the contract and that the submitted bill is a true copy of one left with the parties that engaged in my services.

 Funeral Director's Signature

Itemized List of Cost for Funeral and Burial Services

| Basic Services | Amount | Merchandise | Amount |
|--|--------|--------------------------------|-----------|
| Use of Facilities | \$ | Casket | \$ |
| Preparing the body for burial | \$ | Vault | \$ |
| Embalming | \$ | Clothing | \$ |
| Cremation | \$ | Programs (# _____) | \$ |
| Transportation | Amount | Organist | \$ |
| Hearse | \$ | Clergy | \$ |
| Limo | \$ | Cemetery Charges (Name: _____) | |
| Escort | \$ | Cost of Grave Space | \$ |
| Newspaper Ad | \$ | Opening and Closing | \$ |
| Permit | \$ | Administrative Fee | \$ |
| Death Certificate (s) #: | | | |
| Total: | \$ | + | Tax: \$ |
| Less assets shown on 1 st page: | | | \$ |
| Balance Due: | | | \$ |
| Does the Family want the CCVSC to provide a flag case? (Please Circle Yes or No) | | | Yes or No |
| <i>Flag cases must be picked up from 1849 Prospect Ave. Suite 150, Cleveland, Ohio 44115</i> | | | |

Please include the following with this application:

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***** FUNERAL BILL MUST NOT EXCEED \$4,925*****

CCVSC Burial Benefit will not exceed \$1,000

Indigent Burial Application must be submitted within 90 days of burial