



COVID-19 BURIAL ASSISTANCE APPLICATION

APPLICANT INFORMATION

NAME (MUST BE NEXT OF KIN TO DECEASED): _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

SOCIAL SECURITY # _____

DECEDENT INFORMATION

NAME OF DECEASED: _____

DATE OF DEATH: _____ FUNERAL HOME: _____

APPLICANT RELATIONSHIP: _____

SOCIAL SECURITY #: _____

Applicant Signature

Date

FOR INTERNAL USE ONLY:

Date Received

Received By

Death Certificate (MUST SHOW CAUSE OF DEATH AS COVID19 RELATED) ____ YES ____ NO

Copy of Applicant Photo ID Attached ____ YES ____ NO

APPROVED ____ YES ____ NO

Sara Little, County Manager