



STATE OF ALASKA  
DEPARTMENT OF HEALTH & SOCIAL SERVICES  
DIVISION OF PUBLIC ASSISTANCE

**GENERAL RELIEF ASSISTANCE  
CREMATION/BURIAL APPLICATION**

FOR OFFICE USE ONLY	
DATE STAMP	
CASE NUMBER	DATE RECD BY FEE AGENT

**CAREFULLY READ AND COMPLETE ALL QUESTIONS.** All questions must be completed before your application can be processed. If a question does not apply to your situation write "N/A". If you do not know or do not understand the question, write "don't know" and your eligibility worker or fee agent can help you complete the question.

**APPLICANT HOUSEHOLD INFORMATION**

NAME OF THE DECEASED (First, Middle, Last)		BIRTHDATE	DATE OF DEATH	SOCIAL SECURITY NUMBER
ADDRESS OF LAST RESIDENCE		CITY	STATE	ZIP CODE
<b>LIST ALL PERSONS LIVING WITH THE DECEASED AT TIME OF DEATH</b>		<b>RELATIONSHIP TO DECEASED</b>	<b>BIRTHDATE</b>	<b>SOCIAL SECURITY NUMBER</b>
NAME OF APPLICANT (First, Middle, Last)		RELATIONSHIP TO DECEASED	SOCIAL SECURITY NUMBER	
MAILING ADDRESS (Street or P.O. Box)		CITY	STATE	ZIP CODE
STREET ADDRESS (If different from above)			TELEPHONE	

I am applying for General Relief burial assistance because I cannot afford to pay for the burial of the deceased from my own resources.

SIGNATURE	DATE
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1. Mark the box for services requested:  Cremation  Burial
2. Was the deceased:
 

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	a. A veteran? If yes, give veterans' number
<input type="checkbox"/>	<input type="checkbox"/>	b. Married? If yes, name of surviving spouse
<input type="checkbox"/>	<input type="checkbox"/>	c. Transported to place of death by the Department of Health & Social Services?
3.   Did you support or claim the deceased as a dependent?
4.   Does the deceased have a prepaid funeral or cemetery plan?
5.   Does the deceased have a life insurance policy? If yes, who is the beneficiary
6. Place requested for burial of the deceased (town or village): \_\_\_\_\_
7. Name of mortuary being used: \_\_\_\_\_ Location: \_\_\_\_\_

**HOUSEHOLD INCOME AND RESOURCES**

**I. NON-WORK INCOME SOURCES.** If more room is needed, add on last page under "Additional Information".

List all non-work income of the deceased, and of all relatives who lived with the deceased at the time of death.

TYPE OF PAYMENT	WHO RECEIVED IT?	AMOUNT OF PAYMENT	HOW OFTEN RECEIVED?
Social Security	1.		
	2.		
Supplemental Security Income	1.		
	2.		
Veterans' Benefits	1.		
	2.		
Unemployment Insurance	1.		
	2.		
ANCSA Dividend Payment	1.		
	2.		
State Checks for Adult Public Assistance	1.		
	2.		
Retirement/Pension	1.		
	2.		
Temporary Assistance	1.		
	2.		
Child Support/Alimony	1.		
	2.		
Payments from roomers or boarders	1.		
	2.		
Money from friends or relatives (not loans)	1.		
	2.		
Interest or dividends from savings, stocks, etc.	1.		
	2.		
Other (specify): Longevity Bonus, Permanent Fund Dividend, etc.	1.		
	2.		

**II. INCOME FROM WORK AS AN EMPLOYEE.** If more room is needed add on last page under "Additional Information"

List all income from work as an employee received by relatives living with the deceased and include income the deceased may have received in the month of death. If anyone has more than one job, list each separately. Do not include anyone who is self-employed.

1. PERSON EMPLOYED		NAME OF EMPLOYER	
EMPLOYER'S PHONE NUMBER		HOW OFTEN PAID	
GROSS PAY (Per Check) \$		NET PAY (Per Check) \$	
LIST ANY NON-MANDATORY PAYROLL DEDUCTIONS			
MONTHLY INCOME FROM TIPS	HOURLY PAY RATE (if applicable) \$	HOURS WORKED EACH DAY	DAYS WORKED EACH WEEK
2. PERSON EMPLOYED		NAME OF EMPLOYER	
EMPLOYER'S PHONE NUMBER		HOW OFTEN PAID	
GROSS PAY (Per Check) \$		NET PAY (Per Check) \$	
LIST ANY NON-MANDATORY PAYROLL DEDUCTIONS			
MONTHLY INCOME FROM TIPS	HOURLY PAY RATE (if applicable) \$	HOURS WORKED EACH DAY	DAYS WORKED EACH WEEK

**II. SELF-EMPLOYMENT INCOME**

List names of anyone in the household who is self-employed (babysitting, trapping, fishing, sewing, running own business).

\_\_\_\_\_

What do you anticipate this month's income from self-employment will be? Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

Note: Last year's tax forms, and proof of current work-related costs and income from self-employment **must** be provided.

**IV. RESOURCES**

List total amounts of money any members of the household (including the deceased) have:

Cash on hand \$ \_\_\_\_\_ Stocks and bonds \$ \_\_\_\_\_

YES NO

Does anyone in the household (including the deceased) have or share a checking or savings account, or have money in a bank, savings and loan, or credit union?

If yes, complete the following:

TYPE OF ACCOUNT	ACCOUNT NUMBER	NAME(S) ON ACCOUNT
1.		
2.		
3.		

YES NO

Does anyone in the household (including the deceased and applicant) own any real estate?

If yes, provide information on the value and use of the property \_\_\_\_\_

Does anyone in the household (including the deceased) own or make payments on any cars, trucks, boats, campers, motorcycles, snowmachines, or other vehicles?

TYPE OF VEHICLE	MODEL	MAKE	YEAR	AMOUNT OWED	ESTIMATED VALUE
1.					
2.					
3.					
4.					
5.					

**AGREEMENT**

I certify that I have checked the information on this application carefully and that it is a true and complete statement of facts according to my best knowledge and belief.

I understand that it is against the law to make false statements and that I am subject to prosecution if I do. I further understand that some or all statements on this application may be subject to investigation by the Division of Public Assistance.

I agree to notify the Division of Public Assistance within 10 days if I become aware of additional information pertaining to, but incorrectly stated or omitted on this application.

I understand the Division of Public Assistance may place a claim against the estate of the deceased, not to exceed the payment amount for services requested with this application.

I understand the above and I agree to provide any documents necessary to prove my eligibility for assistance. If documents are not available, I agree to provide the name(s) of persons or organizations the Division of Public Assistance may contact to obtain the necessary proof. I also authorize the Alaska Department of Labor to release to the Division of Public Assistance information about any eligibility for Unemployment Compensation benefits or wage credits.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS SIGNATURE IF SIGNED WITH AN X \_\_\_\_\_

