



## Burial Assistance Application

We understand this is a very difficult time for you and your family. Pennington County may be able to provide financial assistance for burial expenses for those who qualify. ***Please note that all services must receive prior approval before arrangements are made.*** If assistance is approved, the County is required to place a lien on the estate or in the name of the deceased, and, when applicable, certain responsible family members. If the deceased was legally married at the time of death, the surviving spouse must complete the application. For a deceased minor, a parent or legal guardian must apply. Please contact our office if you have any questions. We are here to help guide you through the process. ***Completing this application does not guarantee eligibility.***

### Applicant Information (Person Completing This Form) Please print.

- Full Name: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Deceased Individual's Information

- Full Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
- Last Address of Deceased: \_\_\_\_\_
- Spouse's Full Name: \_\_\_\_\_
- Spouse's DOB: \_\_\_\_\_ Spouse SS #: \_\_\_\_\_
- Spouse's Address: \_\_\_\_\_
- Spouse's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Household & Financial Information of the Deceased

- Was the deceased receiving any income at the time of death?  Yes  No
- If yes, describe (e.g., Social Security, employment, VA benefits):  
\_\_\_\_\_

321 Kansas City St, Ste 100 • Rapid City, SD 57701

Connecting **YOU** with resources and support



- **Does the deceased have any available assets?**  Yes  No
  - If yes, list assets (bank accounts, life insurance policies, property, etc.): \_\_\_\_\_
- **Was the deceased covered by any burial or life insurance policies?**  Yes  No
  - If yes, list provider and amount: \_\_\_\_\_

### Resources

- **Is the spouse or any family member able to contribute to burial costs?**  
 Yes  No If yes, list names and estimated contribution amounts below: \_\_\_\_\_
- Is the deceased a Veteran?  Yes  No
  - Is the deceased eligible for burial at National Cemetery?  Yes  No
- Is the deceased a Tribal Member?  Yes  No If yes, name: \_\_\_\_\_

### Funeral Home Information

- **Funeral Home Name:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Cremation:**  Yes **Traditional Burial:**  Yes

### Required Documents

Please attach copies of the following (if available):

- ID and Social Security card for the deceased and the spouse or applicant
- Proof of residency of the deceased (e.g., lease, utility bill, vehicle registration)
- Verification of the monthly income and assets of the deceased
- Life insurance policy documentation for the deceased
- Verification of the monthly income and assets of the spouse
- Proof of residency of the spouse (e.g., lease, utility bill, vehicle registration)

### Certification and Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in the denial of assistance. I understand that in accordance with SDCL Chapter 28-14-5, a lien will be filed for assistance given by this office.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please call 605-394-2156 to speak with an Economic Coordinator to complete the application process.

321 Kansas City St, Ste 100 • Rapid City, SD 57701

Connecting *YOU* with resources and support