

**HENRY COUNTY GENERAL ASSISTANCE APPLICATION
COUNTY BURIAL**

**106 N. Jackson, Mt. Pleasant, IA 52641
319-385-0790 Fax: 319-385-1948**

Deceased Name: _____ Date: _____

Address: _____

Social Security Number: _____ Birth date: _____

Military Service: Yes _____ No _____ Service Branch: _____ Dates of Service: _____

U.S. Citizen: Yes _____ No _____

How long did deceased live in Henry County? _____

Where was residence before? _____ How long? _____

Applicant's Name: _____

Address: _____ Phone #: _____

List EVERYONE in household:

Name	Birth date	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Marital Status: Married _____ Single _____ Separated _____ Divorced _____ Widowed _____

Medical Insurance? Yes _____ No _____ Company: _____

Life Insurance? Yes _____ No _____ Company: _____

Title XIX? Yes _____ No _____

INCOME:

Has the deceased or anyone in your home received any of the following income in the last 30 days?

Source of Income	Amount	How often Received	Person receiving income
Self Employment	___ Yes ___ No		
Employment	___ Yes ___ No		
Unemployment Benefit	___ Yes ___ No		
Workman's Comp.	___ Yes ___ No		
Social Security	___ Yes ___ No		
SSI	___ Yes ___ No		
Pension	___ Yes ___ No		
Compensation	___ Yes ___ No		
Disability Payment	___ Yes ___ No		
Child Support	___ Yes ___ No		
Veteran's Benefits	___ Yes ___ No		
Regular Cash			
From Relatives	___ Yes ___ No		
Room & Board Pmts.	___ Yes ___ No		
F.I.P.	___ Yes ___ No		
Food Stamps	___ Yes ___ No		
Other	___ Yes ___ No		

Every source must be checked above.

RESOURCES: (deceased)

- Cash: \$ _____
- Checking \$ _____
- Savings \$ _____
- Time Certificates \$ _____
- Stocks, Bonds, Etc. \$ _____
- Other (specify) \$ _____

Real Estate Location: _____
Value \$ _____ - Owe \$ _____ = Equity \$ _____

Vehicles:
Year _____ Make _____ Model _____ Value \$ _____
Year _____ Make _____ Model _____ Value \$ _____

By my signature, I understand, as family/representative of the below named deceased individual, I agree to the requirements and restrictions contained within the Henry County General Assistance Burial Policy and request Henry County to pay for the expense. If I elect to pursue other options for burial other than those explained in the Policy, I understand there will be no County payment made.

I am aware that this general assistance information may be verified and investigated. I hereby authorize all persons to release any information to document the information given in this application. I also authorize the General Assistance office to release pertinent information while seeking to determine benefit eligibility. The release will be effective for sixty days from the date of the application.

Signature of family/representative

Date

Name of Deceased

Date of Death