

DIVISION OF SOCIAL SERVICES

BURIAL ASSISTANCE FOR THE POOR

APPLICATION FORM

DATE.....

NAME OF DECEASED.....

ADDRESS.....

AGE.....DATE OF DEATH.....

NAME OF RESPONSIBLE PERSON AND RELATIONSHIP.....

ADDRESS.....TELEPHONE.....

FUNERAL AGENCY.....

I CERTIFY THAT THE INFORMATION CONVEYED IN THIS REPORT IS TRUE

NAME.....DESIGNATION.....

SIGNATURE.....DATE.....

FOR OFFICE USE ONLY

INVESTIGATION:

DECEASED IN BURIAL SOCIETY YES NO

ELIGIBLE FOR ASSISTANCE FROM N.I.S YES NO

DEATH REGISTERED YES NO

CONTACTED FUNERAL AGENCY/MORGUE YES NO

FAMILY CONTACTED YES NO

COST OF BURIAL \$ _____

BALANCE OWING \$ _____

AMOUNT GRANTED/RECOMMENDED \$ _____

COMMENTS.....

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.....has been deemed a necessitous case and approval has been granted for Burial Assistance in the sum of \$ _____

DUTY OFFICER.....DATE.....

CWO'S APPROVAL/RECOMMENDATION.....DATE.....

PERMANENT SECRETARY'S APPROVAL.....DATE.....