

HOWARD COUNTY BURIAL AFFIDAVIT

I, _____
(Name of Person Completing this Form)

as: Relative Legal Guardian Power of Attorney
 Executor Concerned other to the deceased

Deceased's Name

Deceased's SS#

I hereby attest that to the best of my knowledge the following information is true (initial in front of each statement you attest to be true):

Initial:

- _____ 1. The deceased has no life insurance.
- _____ 2. The deceased does not have a burial contract.
- _____ 3. The deceased has no bank accounts, assets or resources beyond those stated on the application for assistance.
- _____ 4. The deceased is not eligible for Veteran Administration assistance.
- _____ 5. The deceased is not eligible for crime victim's assistance. (Iowa Code 915.86(6))
- _____ 6. The deceased is a citizen of the United States.
- _____ 7. The deceased is a legal resident of Howard County. (Iowa Code 252.16)

I further attest that if I, or other family members, receive any funds from outside sources to be applied to the funeral arrangements that this money will be given to Howard County for reimbursement of the assistance provided for this funeral arrangement. (Iowa Code 252.13)

Signature of Person Completing this Affidavit

Date

Witness to Signature

Date