BURIAL PAYMENT REQUEST

COUNTY-DISTRICT	RECIPIENT NO.
RECORD NUMBER/LINE NUMBER	

NAME OF DECEASED	SOCIAL SECURITY NO. OF DECEASED	CASE PAYMENT NAME		
ADDRESS		AGE AT DEATH	DATE OF DEATH	DATE OF REQUEST

I. TO BE FILLED IN BY PERSON MAKING REQUEST

REQUEST FOR BURIAL AND/OR CREMATION PAYMENT: I request the Department of Public Welfare to pay the burial and/or cremation expenses of: _____

RELATIONSHIP TO DECEASED: I am a

☐ RELATIVE _____ State Relationship

☐ Representative of a fraternal society (deceased was a member) or of a charitable or religious organization: _____ (Give Name of Organization)

☐ FRIEND

☐ OTHER If this block is checked, this form must be accompanied by an "unfit certificate" from the Anatomical Board.

PAYMENTS TOWARD BURIAL AND/OR CREMATION EXPENSES:

I will pay $ _____ toward burial and/or cremation expenses. Payments by others will be as listed here:

NAME	RELATIONSHIP	AMOUNT

ASSETS OF THE DECEASED: The following are all the assets available in the deceased's estate (for example, insurance, savings, etc.)

DESCRIPTION OF ASSET	AMOUNT

SIGNATURE OF PERSON REQUESTING PAYMENT FOR BURIAL AND/OR CREMATION: I certify that to the best of my acknowledge and belief the statements above are true and correct and there are no other means available. If additional facts become known to me. I will advise the County Assistance Office at once.

DATE SIGNED	SIGNATURE
WITNESS	ADDRESS

II. CERTIFICATION OF EXECUTIVE DIRECTOR

The CAO determined the availability of resources that may reduce DPW payment as noted below. (Check one block apposite each item)

REDUCE DPW PAYMENT	NONE FOUND	DESCRIPTION
A. ☐	☐	Life insurance or burial benefits.
B. ☐	☐	Cash on hand in decedent's estate and other personal property.
C. ☐	☐	Lump-sum death payment - Railroad Retirement or OASDI.
D. ☐	☐	Contributions from any person(s) or agencies.
E. ☐	☐	Award from accidental death (not Worker's Compensation).
F. ☐	☐	Worker's Compensation.
G. ☐	☐	Burial Reserve.

	YES	NO	
H.	☐	☐	Deceased was a UMWA member for whom funeral expenses or burial benefits are available.
I.	☐	☐	Deceased was a veteran.

AA-21 for deceased railroad employee was not forwarded to Division of Assistance payments, because:

☐ The surviving spouse has received the lump-sum death benefit.

☐ The deceased never had railroad employment.

I certify that on the date DPW was requested to pay for the burial and/or cremation of the decedent named above, the Department's regulations were met for payment of the burial and/or cremation of said decedent, and that the County Assistance Office staff so indicated to the funeral director. I have reviewed the invoice on the reverse of this form and certify that to the best of my knowledge and belief all regulations have been complied with.

_____ SIGNATURE OF EXECUTIVE DIRECTOR OR DELEGATE

_____ DATE

INVOICE TO:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF INCOME MAINTENANCE

***TO BE COMPLETED BY FUNERAL DIRECTOR**

BURIAL/CREMATION CHARGES FOR DECEASED		
CEMETERY WHERE BURIED	CITY	DATE OF BURIAL

1. Maximum payment allowance requested from DPW for burial and/or cremation ($750.00 per deceased person). $

2. Resources that reduce DPW payment
Resources applicable to cost of burial and/or cremation:

RESOURCE	AMOUNT

Resources that will reduce DPW payment **TOTAL =** $

3. Contributions that may reduce DPW payment from friends, relatives, other entities, i.e. Fraternal organizations, etc.

CONTRIBUTOR	AMOUNT
TOTAL CONTRIBUTIONS	

Excess = Total contributions minus $750.00 per deceased person. $

4. Total resources and/or contributions (excess over $750.00 per deceased person) that will reduce DPW payment. If total is 0 or less, enter 0. $ $

5. DPW payment owing after reduction for resources and/or contributions exceeding $750.00 per deceased person ($750.00 per deceased person, minus item 4). $

6. **Total DPW payment to funeral service provider (item 5 repeated).** $

CERTIFICATION OF FUNERAL DIRECTOR

I certify that the amount listed in Item 5 constitutes the entire bill incidental to the burial/cremation of the person named above, that no payment has been, or will be, accepted from any other source, and that I will notify the County Assistance Office promptly of any additional resources that come to my attention. By signing, I certify that I understand that the Department of Public Welfare can impose penalties such as reimbursement and prosecution for any violations of funeral payment regulations.

SIGNATURE OF FUNERAL DIRECTOR _____ DATE _____

FIRM NAME AND ADDRESS _____

Provider MA ID Number _____

Provider Address Code _____