

SAGINAW COUNTY SOLDIERS & SAILORS COMMISSION
BURIAL ALLOWANCE APPLICATION

Name of Deceased: _____

Address of Deceased: _____

(LEGAL ADDRESS MUST BE IN SAGINAW COUNTY, MICHIGAN)

Date of Death: _____ Social Security Number of Decedent: _____

Name of Licensed Cemetery Where Buried: _____

Name of Veteran (if not the deceased): _____

Military Service Dates: Entry: _____ Discharge: _____

Veteran must have at least **90 days** of active duty military service during the time periods listed below to qualify for burial assistance.

WAR TIME SERVICE DAYS:

| | |
|---|---|
| WWI: April 6, 1917 to November 11, 1918 <i>Extended for Service in Russia to April 1, 1920</i> | Korea: June 27, 1950 to January 31, 1955 Vietnam: February 28, 1961 to May 7, 1975 |
| WWII: December 7, 1941 to December 31, 1946 | Gulf Era: August 2, 1990 to a date to be determined |

Name of Applicant: _____

Address of Applicant: _____

Relationship to Deceased: _____ Applicant Telephone Number: _____

Name of Mortician: _____ Telephone: _____

Total Cost of Funeral: \$ _____ Has the free V.A. Marker been applied for? Yes No

(Please attach copy of the Funeral Bill)

ASSETS

There is a \$40,000 asset limit when a husband or wife applies for their deceased spouse, for all other applicants the asset limit is the cost of the funeral. For all applicants the following items are excluded; the value of the home the deceased lived in and all life insurance.

Please answer all the following asset questions by putting either a **0(zero)** or a **dollar amount** on the line after the \$(dollar sign). *All property held jointly or individually must be counted.*

| | |
|---|----------|
| Real Estate (except the deceased's home)... | \$ _____ |
| Cash on Hand (money in a checking or savings account)... | \$ _____ |
| Stocks, bonds, certificates of deposit, or retirement accounts having cash value... | \$ _____ |
| All vehicles in deceased name (wholesale value-minus the amount owed)... | \$ _____ |
| TOTAL... | \$ _____ |

NOTARIZATION

STATE OF MICHIGAN
COUNTY OF SAGINAW

I, _____ BEING DULY SWORN, DEPOSES, AND SAYS THAT HE/SHE COMPLETED THE FOREGOING APPLICATION FOR BURIAL ALLOWANCE AND THAT THE FACTS THEREIN CONTAINED ARE TRUE AND CORRECT ACCORDING TO THE BEST OF HIS/HER KNOWLEDGE.

Subscribed and sworn to before me this _____
Day of _____

Notary Public, Saginaw County, Michigan
My Commission expires _____

Signature of Applicant

Your case may be one chosen for review at which time you will be contacted to confirm the asset information listed on the burial application.

AFFIDAVIT OF MORTICIAN

STATE OF MICHIGAN)
)ss
COUNTY OF SAGINAW)

_____, being duly sworn, deposes and says that he/she is _____
(name of mortician) (owner or partner)
of _____ that he/she or his/her employees provided funeral and burial services
(name of funeral home)
for the within named *Deceased*. And that the attached itemized statement of expenses and services is correct.

The named *Deceased* Did Did Not have any type of Pre-payment Funeral Agreement.

If yes, amount of prepaid agreement \$ _____
There is an unpaid balance of \$ _____

Subscribed and sworn to before me this
_____ Day of _____

Notary Public, Saginaw County, Michigan
My Commission expires _____

Signature of Mortician

ASSIGNMENT OF BURIAL ALLOWANCE PAYMENT

In consideration of the performance of services in and about the funeral and burial of:

_____,
(name of deceased)

Expenses there of having been charged to me, I do hereby assign and transfer to:

_____ all of my right and interest in
(name & address of mortician/mortuary)

the claim for Saginaw County Burial Allowance under Section 35.801, CL 1948, as amended by Act 235 of 1959.

Witnesses:

Signature of Person incurring Funeral Expenses

REPORT OF SOLDIERS RELIEF COMMISSION

To the Saginaw County Board of Commissioners:

I, _____, a member of the Saginaw County Soldiers & Sailors Relief Commission, have investigated the within claim pursuant to Section 35.801, CL 1948 et seq, as amended by Act 235 of 1959, being an act to provide for payment by counties of certain funeral expenses of ex-service persons or their spouses or widows/widowers, and I herewith submit the following report:

The facts and particulars set forth in the above application in the case of _____ are, to the best of my knowledge and belief, a true statement of the material facts in this case, except as noted under REMARKS hereinafter.

I further report that, to the best of my knowledge, the deceased:

- Left no dependent(s) and did not leave sufficient estate to meet all lawful claims, including burial expenses.
- Left the surviving dependent(s) listed upon the within application and did not leave an estate, including real and personal property, exceeding the sum of \$40,000.00 over and above all encumbrances.

REMARKS:

Dated this _____ day of _____, 20 _____ .

Signature of Soldiers Relief Commission
of Saginaw, County, Michigan

AMOUNT APPROVED FOR PAYMENT: \$ _____