

Butler County General Assistance

610 Oak St, P.O. Box 325, Allison, IA 50602
Phone: 319-346-6575 Fax: (877) 527-5299

Butler County Burial Affidavit

I, _____ (Printed name of person completing this form)

as: (please check one) _____ Relative, _____ Spouse, _____ Legal Guardian, _____ Power of Attorney, _____ Executor of Estate, _____ Other (Explain) _____

Address: _____ Phone: _____

Deceased Full Name: _____

DOB: _____ DOD: _____ SS#: _____

Address: _____

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

_____ The deceased has no life insurance.

_____ The deceased does not have a burial contract.

_____ The deceased has no real estate.

_____ The deceased has no personal property with market value of more than \$1,000.

_____ The deceased has no bank accounts, assets, or resources beyond those stated on the application for assistance.

_____ The deceased is not eligible for Veteran's Administration assistance.

_____ The deceased is not eligible for crime victims' assistance. (Iowa Code 915.86(6))

_____ The deceased is a citizen of the United States.

_____ The deceased is a legal resident of Butler County Iowa. (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 Butler County for reimbursement of the assistance provided for these funeral arrangements. (Iowa Code 252.13)

Signature of Person Completing Affidavit _____ Date: _____

Witness to Signature _____ Date: _____

