



# BINGHAM COUNTY CREMATION ASSISTANCE APPLICATION

**Questions?** Contact Bingham County Indigent Services at 208-782-3097. Return the completed application to the Bingham County Indigent Services office at 501 N. Maple #207, Blackfoot, ID 83221.

FOR COUNTY USE ONLY	
Bingham County Case No.	Date application was received:

**1. Applicant Name:** \_\_\_\_\_ **Relationship to Deceased:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**2. Deceased's Name:** \_\_\_\_\_

**Deceased's Social Security #:** \_\_\_\_\_ **Deceased's Date of Birth:** \_\_\_\_\_

**Deceased's Date of Death:** \_\_\_\_\_

**Deceased's length of consecutive residence in Bingham County:** \_\_\_\_\_ Years \_\_\_\_\_ Months

### 3. Household members currently living in the home.

NAME & PHONE NUMBER	RELATIONSHIP TO DECEASED	BIRTH DATE	EMPLOYER

### 4. Next of kin, NOT living in the home.

NAME & PHONE NUMBER	RELATIONSHIP TO DECEASED	BIRTH DATE	EMPLOYER

### 5. List ALL earned and unearned income the deceased and other members of the household received in the past month.

WHO RECEIVED	SOURCE	AMOUNT

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Cash on Hand: \$ \_\_\_\_\_ Checking: \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

**6. List all real property owned or in which the deceased has an interest.**

DESCRIPTION	VALUE	AMOUNT OWED

**7. List assets owned by the deceased and/or members of the household. Please include all vehicles, campers, trailers, boats, farm equipment, livestock, etc.**

DESCRIPTION	VALUE	AMOUNT OWED

**8. List current monthly financial obligations.**

Mortgage/Rent		Insurance	
Electricity		House	
Heating		Car	
Water/Sewer/Garbage		Life	
Internet		Medical	
Telephone		Medical Payments	
Food		Other	
Non-Food		Other	
Fuel for Transportation		Other	
Loan(s)		Other	

Total Monthly Expenses: \_\_\_\_\_

***I certify the above to be true to the best of my knowledge and belief. This application is made with full knowledge of the penalty for making false statements for the purpose of obtaining aid.***

Applicant Signature

Date