

JEFFERSON COUNTY BURIAL AFFIDAVIT

I, _____ as: _____
(Printed name of Person Completing Affidavit) *(Legal Relationship)*

Address _____ Phone: _____

for: _____
(Deceased full name, social security number and date of birth)

Hereby attest that to the best of my knowledge the following information is true and accurate:

(Initial beside each statement you attest to be true)

_____ The deceased had no life insurance.

_____ The deceased does not have a burial contract

_____ The deceased has no property personal or real estate with a market value in excess of \$500.

_____ The deceased has no bank accounts, assets or resources.

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

_____ The deceased is a legal resident of Jefferson County, Iowa and the United States of America.

I further attest that if I, or other individuals receive any funds from outside sources for the deceased, memorial funds, donations, social security, military benefits, etc., these will be applied to the cost of funeral arrangements and/or reimbursement to Jefferson County to offset cost of funeral services.

Signature of Person Completing this Affidavit

Date Signed

Witness to Signature

Printed Name of Witness

Date Signed

(if any of the statements cannot be attested to, the Application for Assistance must be completed.)