

# Montgomery County Veterans Service Commission

627 Edwin C. Moses Blvd., 4<sup>th</sup> Floor East Medical Plaza, Dayton, Ohio 45417

Phone: 937-225-4801

Fax: 937-225-4854

[www.mcvsc.org](http://www.mcvsc.org)

## Application for Payment of Indigent Burial or Cremation

(All Items Must be Complete and Application Submitted by Funeral Home)

- \_\_\_\_\_  
Deceased Last Name                      First Name                      Middle Initial
- Deceased Date of Birth \_\_\_\_\_ Deceased Date of Death \_\_\_\_\_
- Military DD214 Enclosed: Y \_\_\_ N \_\_\_ Social Security # of Deceased \_\_\_\_\_
- \_\_\_\_\_  
Person Requesting Services                      Relationship to Deceased
- Is the body unclaimed? \_\_\_Y \_\_\_N Death Certificate attached \_\_\_Y\_\_\_N
- Funeral Home Name \_\_\_\_\_  
Address and Phone Number \_\_\_\_\_  
Contact Person \_\_\_\_\_
- Funeral Home Statement of Goods & Services Completed, Notarized and Attached \_\_\_ Y \_\_\_ N
- Residency of Deceased Verified \_\_\_\_\_Y \_\_\_\_\_N  
Last known address of deceased \_\_\_\_\_
- Indigency Verified \_\_\_\_\_Y \_\_\_\_\_N
- Deceased to be buried \_\_\_\_\_ Cremated \_\_\_\_\_
- Date of Burial or internment and location \_\_\_\_\_

**OATH OF UNDERTAKER:** The undertaker in this case \_\_\_\_\_, being first duly sworn says that he has honestly & faithfully performed his contract in said case & that the statement of goods & services attached hereto is a true copy of the one he left with the parties who engaged his services & covers the entire expense of said funeral.

\_\_\_\_\_  
Funeral Director Signature

\_\_\_\_\_  
Notary Signature

Sworn to before me & signed in my  
presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**Ohio Notary Stamp Must be Visible and Legible**

**APPLICANT INFORMATION FOR REQUEST OF PAYMENT  
FOR INDIGENT BURIAL OR CREMATION**

\_\_\_\_\_  
Name of Person Filing for Burial or Cremation Payment on Behalf of Deceased Veteran (Applicant)

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
Social Security Number of Applicant

\_\_\_\_\_  
Applicant's Relationship to Deceased

\_\_\_\_\_  
Daytime Telephone Including Area Code

List any dependent children in deceased veteran's household: \_\_\_\_\_  
\_\_\_\_\_

Did veteran have life insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No    If Yes, List Amount \_\_\_\_\_

List all Veteran's assets and dollar value \_\_\_\_\_  
\_\_\_\_\_

Was veteran receiving VA Compensation, VA Pension, Retirement, or Social Security? If so, list monthly award received.  
\_\_\_\_\_  
\_\_\_\_\_

Is there any relative that has the financial means (income or assets) to defray the burial or cremation cost? List names, addresses and daytime telephone numbers of each:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify the above information to be true and accurate. I understand if I make any false statements, provide false information, or omit any known information I am subject to a fine and imprisonment under the laws of the State of Ohio. I hereby agree to reimbursement the Montgomery County Veterans Service Commission for any payment made toward the cost of the veteran's burial or cremation if evidence is presented that shows the family's ability to pay or there is evidence presented that the veteran had sufficient assets to pay the cost of burial or cremation.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public Signature \_\_\_\_\_

Seal (seal must be legible and visible)