

Veteran Indigent Burial Application



County of Onondaga
Veterans Service Agency
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J. Ryan McMahon, II
County Executive

Anne-Marie Mancilla
Director

INDIGENT BURIAL ASSISTANCE APPLICATION

To be completed by person requesting services.

Application Date: _____

VETERAN'S INFORMATION:

Name of Veteran: _____

Social Security#: _____

Address:

Date of Birth: _____

Date of Death (If applicable): _____

Marital Status: _____

DECEDENT'S INFORMATION:

Name of Decedent; _____

Social Security # _____

Address _____

Date of Birth _____ Date of Death _____

Marital Status: _____

APPLICANT'S / RESPONSIBLE PARTY

Applicant Name: _____

Veteran Indigent Burial Application

Relationship to Deceased: _____

Address:

Phone #: _____

Funeral Home: _____

Director/Phone #: _____

SERVICE INFORMATION:

Type of Service (check 1): Cremation _____ Cremation w/Services _____ Earth
Burial _____

Name of Cemetery _____

DECEDENT'S INCOME / RESOURCES INFORMATION:

All Source(s) of Income / Monthly Amount:

Direct Deposit: Yes ___ / No ___ Bank Name / Account#:

Available Cash: _____

Burial Fund Amount: _____

Social Security Death Benefit: _____

In Receipt of Benefits from Department of Veterans Affairs (Y/N) _____

If so, how much? _____

Burial Plot: Yes ___ / No ___ If Yes, Date Purchased:

Did Decedent Own Real Estate? Yes ___ / No ___

Veteran Indigent Burial Application

If Yes, Address:

OTHER EXPENSES:

(1) Will other persons contribute funds towards the decedent's service?

Yes___ / No___

(Please note supplemental amounts have restrictions noted in the VSA policies and outlined in Resolution 159.)

(2) If yes, what is the total dollar amount of contribution?

\$ _____

(3) If yes, please explain how the funds will be used to contribute towards the service? _____

Veteran Indigent Burial Application

I swear or affirm that the information given on this application is true and correct. I understand that by signing this application form, I consent to any investigation made by the Onondaga County Veterans Service Agency to verify or substantiate the information I have given, or any other investigation made by them in connection with this request for burial assistance. I understand that all income and assets of the deceased must be applied towards burial expenses incurred by the Onondaga County Veterans Service Agency. I understand that any request for a certified death certificate for this decedent will be viewed as a presumption that the undersigned is seeking to recover undisclosed assets and will be investigated by the Onondaga County Veterans Service Agency.

SIGNATURE OF APPLICANT

DATE _____

PLEASE BE ADVISED THAT IF YOUR APPLICATION IS DENIED, THE APPLICANT WILL BE PROVIDED WITH THE REASON IN WRITING.

Veteran Indigent Burial Application

In the matter of the application for county payment of burial of veteran of dependent for:

Decedent _____

Relationship to **decedent**

_____deposes and says

that he/she resides at

_____in the

city/tow/village of New York.

That said, decedent died on the ___ day of _____ in the year 20____, in the city, town, village of _____New York., was a resident of Onondaga County and held residence in said county at least _____years prior to death.

That (veteran's name) _____served in the active military forces of the United States of America and said veteran received a discharge or separation Under Other-than-dishonorable conditions. ***Proof of such service and character of the same is hereby submitted.***

That the applicant is familiar with the above named decedent's financial state and with the financial status and ability to pay of all persons connected with the decedent who are legally responsible with his/her interment; or for the erection of a headstone on his/her grave; that the deceased above named is the veteran or legal dependent of an eligible veteran.

That the decedent died in the county of Onondaga without leaving sufficient to defray funeral expenses, or to defray costs of a suitable headstone for his/her grave and that the responsible relatives or party of said deceased are unable/unwilling to pay for the charge of such burial of said decedent and/or marking of his/her grave by a suitable headstone or marker.

The interment and burial of said decedent was made by

_____Funeral Home at

(cemetery)_____which cemetery is not used exclusively for the burial of deceased poor persons and said funeral director is entitled to be paid for such internment and burial.

Veteran Indigent Burial Application

Decedent _____

WHEREFORE, the deponent asks that the Onondaga County Veterans' Service Agency pay for the internment and burial of the above named decedent and for the provisions of suitable headstones on such decedent's graves, all in accordance with Section 143 of Municipal Law of the State of New York, as amended, section 141 Social Services Law and County Resolution 162-1990. That the claim shall be for the total cost of burial including fabric covered wood casket, outside box, lot, if necessary, grave opening and closing and for all services rendered in connection with said burial. That it will not be a partial claim on the total cost of internment for the deceased. That no funds, other than described below, have been or will be received by the claimant from any other sources, or in the event the deceased is eligible for a sum granted by the United States Department of Veterans Affairs for burial or Social Security Benefit, it is hereby credited to the total cost of internment as herein stated along with any other funds to reduce burial costs to the County of Onondaga.

The following funds are available to affect the cost of burial to the County of Onondaga;

VA Funds _____ Social Security Funds _____

Other _____

Date _____

Legal Signature of
applicant _____

Signature of Funeral Home
Director _____

State of New York Section 148-General Municipal Law, Section 141-Social Services Law, Onondaga County Resolution 162-1990

Application is not complete until all parties have signed where applicable. Once complete please Fax to (315) 435-3221 or scan and e-mail to cyntheiameili@ongov.net.