

Low-Income Funeral Assistance Request Form

Applicant Information

Full Name

Address

Phone Number

Email Address

Deceased Information

Full Name of Deceased

Relationship to Applicant

Date of Death

Financial Information

Monthly Household Income

Number of People in Household

Are you receiving any other funeral assistance? If yes, please specify.

Funeral Details

Funeral Home Name

Estimated Funeral Cost

Assistance Amount Requested

Additional Information

