



**Funeral or Burial Claim**

<b>VENDOR IDENTIFICATION</b>			Complete All ITEMS	4. Case Name:		
1. Federal Employer's Identification Number:	2. Zip Code	Type		5. Case Number:		
3. Vendor's Name and Complete Address: use tab for 3 lines			- Enter "NA" if an item is not applicable	6. Decedent's Name:		
10. Vendor's Phone Number:				7. Date of Death:	8. Date of Birth:	
11. Place of Death:			- TYPE or PRINT ALL entries except Signature	9. Social Security Number:		
12. Place of Interment:				13. Name and Address of person who reported death:		
14. Name and Address of person who made arrangements:				Relationship to deceased:		
15. Date of Service:				Relationship to deceased:		
16. Complete funeral director and/or cemetery charges .....			\$			
*17. Contribution for CASKET and/or Vault .....			- \$			
*18. CONTRIBUTION (UP TO \$2000) TOWARD ADDITIONAL FUNERAL EXPENSES .....			- \$			
*19. CONTRIBUTION (UP TO \$2000) TOWARD ADDITIONAL BURIAL EXPENSES .....			- \$			
20. Amount of charges before decedent's assets or other available funds .....			\$			
21. Decedent's resources, responsible relative's contribution, contribution in excess of \$2000 paid toward additional expenses, or other voluntary contribution (See instructions) .....			- \$			
22. Amount requested from the department .....			\$			

23. Certification

**READ THIS BEFORE SIGNING**

I, \_\_\_\_\_ have reviewed all of the above. I certify that the information is true, accurate and complete. I understand that any falsification may be cause for referral to the Department of Professional Regulation and the state or federal prosecutors. The amount in Item 16 constitutes our full and complete charge, and no items except those listed in Items 17, 18 and 19 have been or will be paid or contracted for. I have conducted an inquiry pursuant to Item 21. We have not and will not accept any additional funds except those we have deducted in Items 17, 18, 19, and 21, or those deducted by the Department in Item 25. I agree that an overpayment identified by the Department will be repaid upon notification by the Department and understand that failure to repay timely will be subject to recoupment through legal means. I hereby agree to keep such records as are necessary for a minimum of 5 years, to disclose fully the extent of services provided and to furnish documents regarding charges and payments as the State Agency may request.

24. Vendor's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

25. Available funds - deducted by the department (see DPA 1959) ..... \$

26. Total payment due from the department ..... \$

**NO ADDITIONAL PAYMENTS MAY BE ACCEPTED BY VENDOR/CLAIMANT**

27. Submit 3 copies to this local office:	28. Local office claim review This is to certify that this claim is accurate and complete, that it complies with the Rules and Regulations, and that payment is hereby APPROVED. Signature _____ Date: _____
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## Funeral or Burial Claim

VENDOR'S INSTRUCTIONS FOR PREPARATION OF FORM DPA 29  
(Please review for accuracy and completeness to eliminate processing delays)

This form is used by funeral homes or cemeteries to request payment of the funeral or burial expenses of a deceased client. It is to be completed by the respective vendor. Payment of this claim or any portion thereof is conditioned by the Rules and Regulations of the Department of Human Services, and the assets and resources of the decedent or his responsible relatives. Relatives who are responsible are: spouse for spouse and parent(s) of a child under age 18.

### Time Limitations

1. A written explanation must accompany claims not submitted within 30 days of death.
2. Claims not submitted within 180 days of death will be denied.
3. Claims returned to vendors will be denied if not resubmitted within 90 days.

### INSTRUCTIONS FOR COMPLETION OF ITEMS

type or print all entries except signatures

### Items

1. Enter your Federal Employer's Identification Number. If none, enter your Social Security Number.
2. Enter your zip code.
3. Enter the name, complete address and zip code of the payee.
- 4 & 5 Obtain case information from the local office.
6. Enter the decedent's first and last name if different than the case name.
7. Enter the date of death using month/day/year format.
8. Enter the date of birth using month/day/year format.
9. Enter the Social Security Number.
10. Enter the phone number of the payee.
11. Identify the place of death.
12. Enter the name of the cemetery.
13. Identify the name and address of the person who reported the death and their relationship to the decedent.
14. Identify the person who made the arrangements for services and their relationship to the decedent.
15. Enter the date you provided the services using the month/day/year format.
16. Enter the total amount of your charges.
- \*17. Enter the amount of casket and/or vault charges paid or contracted to be paid by party making arrangements.
- \*18. Enter the amount (up to \$2000) of contribution paid by a non-responsible party toward additional funeral expenses that are not required to be provided for the Department's payment.
- \*19. Enter the amount (up to \$2000) of contribution paid by a non-responsible party toward additional burial expenses that are not required to be provided for the Department's payment.
20. Subtract Items 17, 18 and 19 from Item 16. Enter total charges before considering the decedent's resources or other available funds.
21. The vendor is responsible for inquiring into the decedent's assets. Enter the amount of funds from the decedent's estate, payments from a responsible relative, or voluntary contributions from a non-responsible party (other than those shown in Items 17, 18 & 19).
22. Subtract Item 21 from Item 20. Enter amount requested from the Department.
23. & Read and sign the certification. Payment of the claim is from State funds. Therefore, it is necessary that the certification be completed without alteration. Payment cannot be made if the certification is altered. All copies must have legible signatures.
24. The local office will enter any available assets and resources not listed in Item 21. You will be advised of any changes by a DPA 1959.
25. The local office will deduct Item 25 from Item 22 and enter the total payment due.
26. Identify the local office to which the claim is to be submitted
27. The local office is to sign and date the claim if payment is approved. Signature must be authorized with a Form DPA 1569 completed and sent to the appropriate central office location.
28. \* Copy of original signed contract showing charges for the casket, vault or additional expenses and the amount of payment received must accompany the claim.

Miscellaneous: Explain any unusual circumstances on a separate sheet of paper if necessary. Attach the original signed contract if contributions were received for casket, vault, and/or additional expenses.

Distribution: Vendor - Retain copy  
Local Office - Retain one copy and forward Original and one copy to:  
Funeral and Burial Unit  
Bureau of Local Office Transaction & Support Services