



**FUNERAL AND BURIAL CLAIM**

<b>OFFICE USE ONLY</b>	
Type:	
FY:	
Claim No.:	

<b>VENDOR IDENTIFICATION:</b>		Complete All ITEMS ----- - Enter "NA" if an item is not applicable ----- - TYPE or PRINT ALL entries except Signature	3. Case Name:	
1. Federal Employer's Identification Number:			4. Case Number:	
2. Vendor's Name and Complete Address: (use tab for 3 lines)			5. Decedent's Name:	
		6. Date of Death:	7. Date of Birth:	
9. Vendor's Phone Number:		8. Social Security Number:		
10. Place of Death:		11. Place of Interment:		
12. Name and Address of person who reported death:		Relationship to deceased:		
13. Name and Address of person who made arrangements:		Relationship to deceased:		
14. Date of Service:				
15. Complete funeral director and/or cemetery charges .....		\$		
*16. Contribution for CASKET and/or Vault .....		-\$		
*17. CONTRIBUTION (UP TO \$2000) TOWARD ADDITIONAL FUNERAL EXPENSES .....		-\$		
*18. CONTRIBUTION (UP TO \$2000) TOWARD ADDITIONAL BURIAL EXPENSES .....		-\$		
19. Amount of charges before decedent's assets or other available funds .....		\$		
20. Decedent's resources, responsible relative's contribution, contribution in excess of \$2000 paid toward additional expenses, or other voluntary contribution (See instructions) .....		-\$		
21. Amount requested from the department .....		\$		
22. Certification:		<b>READ THIS BEFORE SIGNING</b>		
<p>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 15 constitutes our full and complete charge, and no items except those listed in Items 16, 17 and 18 have been or will be paid or contracted for. I have conducted an inquiry pursuant to Item 20. We have not and will not accept any additional funds except those we have deducted in Items 16, 17, 18, and 20, or those deducted by the Department in Item 24. 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.</p>				
23. Vendor's Signature:		Title:	Date:	
24. Available funds - deducted by the department (see DPA 1959) .....		\$		
25. Total payment due from the department .....		\$		
<b>NO ADDITIONAL PAYMENTS MAY BE ACCEPTED BY VENDOR/CLAIMANT</b>				
26. This is to certify that this claim is accurate and complete, that it complies with the Rules and Regulations, and that payment s hereby APPROVED.				
Signature			Date:	



**FUNERAL AND 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 the name, complete address and zip code of the payee
3. & 4 Obtain case information from the local office
- 5 Enter the decedent's first and last name if different than the case name.
6. Enter the date of death using month/day/year format.
7. Enter the date of birth using month/day/year format.
8. Enter the Social Security Number.
9. Enter the phone number of the payee
10. Identify the place of death.
11. Enter the name of the cemetery.
12. Identify the name and address of the person who reported the death and their relationship to the decedent.
13. Identify the person who made the arrangements for services and their relationship to the decedent.
14. Enter the date you provided the services using the month/day/year format.
15. Enter the total amount of your charges.
- \*16. Enter the amount of casket and/or vault charges paid or contracted to be paid by party making arrangements.
- \*17. 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.
- \*18. 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.
19. Subtract Items 17, 18 and 19 from Item 16. Enter total charges before considering the decedent's resources or other available funds.
20. 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).
21. Subtract Item 21 from Item 20. Enter amount requested from the Department.
22. & Read and sign the certification. Payment of the claim is from State funds. Therefore, it
23. 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. All copies must have legible signatures.

\* 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