



**APPLICATION FOR FUNERAL AND BURIAL ASSISTANCE
FOR THE MURDERED CHILDREN PROGRAM**

- Death Certificate
- Income Verification (W2, 1099, Pay Stub)
- Funeral and Cemetery/Crematory Expense Verification

SECTION 1 - Decedent Information

Name - Decedent: _____

Social Security Number: _____ Date of Birth: _____ Date of Death: _____

Date(s) Services Provided (date of memorial services, cremation date, burial date, etc.) _____

Street Address - Last known: _____

Eligible Survivor/Adult of Victim: Yes No

Eligible Survivor/Adult of Victim Name(s): _____

Relationship: _____

SECTION 2 - Funeral Home Service Provider Information

Name - Funeral Home: _____ Tax ID Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Type of Provider Funeral Home Crematory operated by funeral home

Note: Provide an itemized *Statement of Funeral Goods and Services Selected*.

SECTION 3 - Cemetery/Crematory Service Provider Information

Name - Cemetery/Crematory: _____ Tax ID Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Type of Provider Cemetery Home Crematory

Did the funeral home cash advance any charges? If yes, provide invoices or receipts. Yes No

Note: Provide an itemized cemetery/crematory billing statement.



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SECTION 4 - Total Funeral and Cemetery/Crematory Expenses and Payments

Total Funeral Expenses

Indicate the total actual expenses for all funeral goods and services provided. Do not include goods and services that are required but not provided by a small and rural cemetery.

Total Funeral Expenses \$ _____ Payment Request from IDHS \$ _____

Total Cemetery/Crematory Expenses

Indicate the total actual expenses for all cemetery/crematory goods and services provided, including any cemetery/crematory goods and services provided on behalf of a small and rural cemetery by the funeral home.

Total Cemetery/Crematory Expenses \$ _____ Payment Request from IDHS \$ _____

SECTION 5 - Funeral and Cemetery/Crematory Expense Verification Requirements

Funeral Expenses

Attach the funeral home *Statement of Funeral Goods and Services Selected*. **If you do not include the Statement, processing of your application will be delayed.** Ensure that the Statement includes total **actual** expenses, not estimates, for each of the goods and services provided by the funeral home and by any funeral home within the same corporation, whether the good or service was provided before or after death. Enter the exact dollar amount for each good and service provided. **If you provided goods or services on behalf of a small and rural cemetery because the small and rural cemetery requires, but cannot provide, those goods or services (e.g. outer burial vault), indicate that on the Statement.** Failure to do so will result in those goods or services being counted as funeral expenses.

Cemetery/Crematory Expenses

Attach an itemized billing statement of cemetery/crematory goods and services. The billing statement must be provided by the cemetery/crematory and signed by its representative. **If you do not include the billing statement, processing of your application will be delayed.** Ensure that the billing statement includes total actual expenses, not estimated, for each of the goods and services provided by the cemetery/crematory, whether the good or service was provided before or after death. Enter the exact dollar amount for each good and service provided.

SECTION 6 - Funeral and Cemetery/Crematory Expense Verification

The **service provider** certifies by signing below that the expenses indicated represent total actual expenses for goods and services provided by the service provider. The executor or family representative must sign for each category of goods and services requested (i.e. if funeral and cemetery/crematory expenses are both included on the application, the executor or family representative must sign for both).

FUNERAL HOME

SIGNATURE - Service Provider: _____ Date: _____

Print Name of Service Provider: _____

SIGNATURE - Executor/Family Rep.: _____ Date: _____

Print Name of Executor/Family Rep.: _____

Street Address - Executor/Family Rep.: _____

City: _____ State: _____ Zip: _____



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CEMETERY/CREMATORY

Cash Advanced - if checked, Funeral Director Initials: _____

SIGNATURE - Service Provider
(If not Cash Advanced) _____ Date: _____

Print Name of Service Provider: _____

SIGNATURE - Executor/Family Rep.: _____ Date: _____

Print Name of Executor/Family Rep.: _____

Street Address - Executor/Family Rep.: _____

City: _____ State: _____ Zip: _____

Recommended Disposition (Check as appropriate:)	
<input type="radio"/> APPROVED CLAIM(S)	Payment Amount: _____
<input type="radio"/> DENIED CLAIM(S)	
Signature: _____	Date: _____