



Massachusetts Department of Transitional Assistance
Application for Payment of Funeral and Final Disposition

Approval/Denial Date

IMPORTANT! Please read before completing!

The person completing this application must be the next of kin of the deceased person (also called the "decedent.") Funeral Directors can complete this form only if there is no next of kin or legally liable person. The Department has preferred claims against the decedent's estate and any existing resources the decedent may have possessed, if the decedent is found eligible for this benefit. Funeral and Final Disposition expenses cannot exceed \$3500. The Department will pay \$1100, less any assets available from the decedent or a financially responsible relative.

Application Date _____

Decedent's Name _____ SSN _____
First Middle Last

Address _____
Street City ZIP

Date of Birth _____ Date of Death _____ Sex Male Female

Marital Status Single Married (Maiden Name) _____
 Separated Divorced Widowed

Was the decedent receiving DTA benefits (TAFDC, EAEDC, SNAP or SSI (including State Supplement Program payments) at the time of death? Yes No

Name and address of person completing application on behalf of the decedent

Name _____
First Middle Last Relationship

Address _____
Street City ZIP Telephone

Assets of deceased and legally liable person.

List and describe all personal property, such as cash, bank accounts, personal needs accounts, government bonds, stocks, automobiles, trailers, boats, credit union shares, trusts, life insurance policies and real estate owned in whole or in part by the decedent. Verification must be submitted with application. Attach a separate page to list additional personal property.

Type of Property	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any pre-paid burial agreement? yes no If yes, amount \$ _____
Is there a Veteran's death benefit? yes no If yes, amount \$ _____
Is there a Social Security death benefit? yes no If yes, amount \$ _____
Is there any other death benefit? yes no If yes, amount \$ _____
If death benefit, what type of benefit _____

I understand that this application is subject to review, and that I have enclosed a list of all funeral and final disposition services provided, receipts and other verifications of all expenses.

I understand that the Department of Transitional Assistance will investigate all facts relating to eligibility for payment of funeral and burial expenses. To the extent that I am legally authorized to do so, I further consent to assign to the Department of Transitional Assistance any benefits from insurance or third party, as required by state law, if death was a result of an accident. The Department has preferred claims against the decedent's estate and any existing resources the decedent may have possessed.

I certify, under penalty of perjury, that the information I have given is correct, true, and complete to the best of my knowledge.

Printed Name / Date

Signature

You must return this form to: DTA, P.O. Box 4406, Taunton, MA 02780-0420 or fax to: (617) 887-8765. Please include the deceased's name, the DTA Central Burial Unit/Central Eligibility Processing unit and the last 4 digits of the deceased's Social Security Number on each page of the documents you submit.