

# BLACK HAWK COUNTY BURIAL AFFIDAVIT

I, \_\_\_\_\_  
(Name of Person Completing this Form)

as:             Relative;     Legal Guardian;             Power of Attorney;  
                  Executor;     Concerned other to the deceased:

\_\_\_\_\_  
Deceased's Name

\_\_\_\_\_  
Deceased's SS#:

I hereby attest that to the best of my knowledge the following information is true (initial behind each statement you attest to be true):

Initial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. The deceased has no life insurance.
2. The deceased does not have a burial contract.
3. The deceased has no real estate.
4. The deceased has no personal property with market value in excess of \$1,000.
5. The deceased has no bank accounts, assets or resources beyond those stated on the application for assistance.
6. The deceased is not eligible for Veteran Administration assistance.
7. The deceased is not eligible for crime victim's assistance. (Iowa Code 915.86(6))
8. The deceased is a citizen of the United States.
9. The deceased is a legal resident of Black Hawk County. (Iowa Code 252.16)

I further attest that if I, or other family members, receive any funds from outside sources to be applied to the funeral arrangements that this money will be given to Black Hawk County for reimbursement of the assistance provided for these funeral arrangement. (Iowa Code 252.13)

\_\_\_\_\_  
Signature of Person Completing this Affidavit

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Date