



Massachusetts Department of Transitional Assistance
Application for Payment of Funeral and Burial Expenses

Approval/Denial Date

Application Date _____

Decedent's Name _____ SSN _____
First Middle Last

Address _____
Street City ZIP

Date of Birth _____ Date of Death _____ Sex Male Female Race _____

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

Prior Aid in Massachusetts yes no If yes, where and when _____ Type of Assistance TAFDC EAEDC SSI MassHealth

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

Name _____ Relationship _____
First Middle Last

Address _____ Telephone _____
Street City ZIP

Assets of Deceased or Financially Responsible Spouse or Parent

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

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