



**Massachusetts Department of Transitional Assistance**  
**Application for Funeral and Final Disposition Benefit**

The Department may pay a licensed funeral establishment up to \$1,100 of the outstanding balance of funeral and final disposition expenses if the total cost and expense does not exceed \$3,500.

**This application must be completed by the deceased person’s surviving kin or their authorized legal representative. If there is no surviving kin or authorized representative, this application may be completed by a licensed funeral establishment.**

**A copy of the *signed* funeral services contract and/or itemized statement must be submitted with this application.**

Return this form by mail to: Department of Transitional Assistance  
P.O. Box 4406  
Taunton, MA 02780-9975  
Or by fax to: (617) 887-8765

**Section I:**

Deceased Person’s Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City ZIP

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Gender  Male  Female

Marital Status  Never Married  Married (Name of Spouse) \_\_\_\_\_  
 Divorced  Widowed

Applicant’s Name \_\_\_\_\_  
First Middle Last Relationship

Address \_\_\_\_\_  
Street City ZIP Telephone

Applicant’s Email Address \_\_\_\_\_

Check here if there is no surviving kin or duly authorized legal representative.

Was the deceased person receiving the following benefits at the time of death? Check all that apply:

TAFDC  Yes  No SSI/SSP  Yes  No  
SNAP  Yes  No EAEDC  Yes  No

Does the deceased have a pre-paid burial plot or funeral trust account?  No  Yes

Asset Value: \$ \_\_\_\_\_

Is the deceased person eligible for a government death benefit, e.g. Veteran’s or Social Security?  No  Yes Value: \$ \_\_\_\_\_

Did the deceased person or their spouse have any of the following assets at the time of death?

Personal Needs Account(s)  No  Yes Value: \$ \_\_\_\_\_

Cash  No  Yes Value: \$ \_\_\_\_\_ Bank Account(s)  No  Yes Value: \$ \_\_\_\_\_

Other Assets  No  Yes Value: \$ \_\_\_\_\_ Other Asset Type \_\_\_\_\_

Life insurance policy?  No  Yes Value: \$ \_\_\_\_\_

If Yes, provide name of insurance company and policy number:

\_\_\_\_\_

**Section II (TO BE COMPLETED BY LICENSED FUNERAL ESTABLISHMENT):**

Name of Licensed Funeral Establishment:

\_\_\_\_\_

License No.: \_\_\_\_\_

Address \_\_\_\_\_  
Street City ZIP Telephone

Email Address \_\_\_\_\_

Is there a pre-need funeral services contract that controls the nature of the goods and services to be provided?

No  Yes \$ \_\_\_\_\_

Has/Will the licensed funeral establishment advance(d) monies to the surviving kin or authorized representative making funeral arrangements?

No  Yes \$ \_\_\_\_\_

**CERTIFICATION**

**To be signed by funeral establishment and surviving kin or duly authorized representative, if applicable.**

- I have attached a true and accurate copy of supporting documentation, including but not limited to, funeral services contract, death certificate, and itemized bills, statements, and invoices reflecting all funeral and final disposition services provided or services that will be provided, receipts, pre-need funeral services contract, life insurance policy, and bank statements.
- I certify, under penalty of perjury, that the information, including the information contained in any supporting documentation, I have given in connection with this *Application for Funeral and Final Disposition Benefit* is true and accurate to the best of my knowledge.
- I understand the Department may recover from the estate of the deceased person any funeral and final disposition benefit paid.

**SURVIVING KIN OR DULY AUTHORIZED REPRESENTATIVE:**

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant Date

**LICENSED FUNERAL ESTABLISHMENT:**

\_\_\_\_\_  
Printed Name of Authorized Official Title

\_\_\_\_\_  
Signature of Authorized Official Date