

## BURIAL CLAIM

Instructions to funeral director: Please forward all four copies of this form to the county of the Department of Human Services. One copy will be returned to you with payment of your claim. If your claim is disallowed, you may file an appeal with the State Appeal Board by calling 515-281-5512 or writing to the State Appeal Board c/o Department of Management, State Capitol, Des Moines, Iowa 50319-0015.

### Claim Information

Name of Deceased		Social Security Number	Date of Burial
Name of Funeral Home		Address	
Total Cost of Burial	\$ _____	Potential payment by Department of Human Services (unpaid cost of burial or \$400, whichever is less)	\$ _____
Less Resources	– \$ _____	Less death benefits	– \$ _____
Unpaid Cost of Burial	\$ _____	Total Claim	\$ _____
Explain any variance from information on Application for Burial Benefit:			
A claim in the amount of \$ _____ is hereby filed with the Department of Human Services. Attached is a signed statement of account itemizing all goods and services furnished by the claimant.			
Signature of Claimant			Date

### County Office Certificate

I certify that an Application for Burial Benefits, form 470-0504, has been filed on behalf of the decedent and that the information provided on this claim is correct and consistent with the information provided on the application.		
<input type="checkbox"/> Payment of the claim is approved in the amount of \$ _____	Burial Fund:	
<input type="checkbox"/> Payment of the claim is denied for the following reasons:	<input type="checkbox"/> ADC	<input type="checkbox"/> Adult <input type="checkbox"/> Refugee
Signature of County Director or Designee	Date	County Department

### Bureau of Finance Certification

I certify that this is a correct and complete claim for burial benefits and should be paid from the funds appropriated by Iowa Code Section _____		
Signature	Title	Date

### THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY

Doc Type (PO or PV)	Doc Number	Doc Date	Acctg Prd	Budget FY	Action New/Mod	PO Ship Instr	PV Type	Int Ind	Int Seller Fund	Int Seller Agcy									
PV					E		1												
Vendor Code		Addr Override	F/A Indicator	EFT Ind	Text-PO's Only (Y/N)	Text (PO's Only)													
Ref Doc Type		Ref Doc Number	Ref Doc Line	Com Ln	Vend Invoice #	Commodity Code		GS Contract											
Line	Fund	Agcy	Org	Sub Org	Actv	Rsrc	Sub Rsrc	Func	Objt	Sub Objt	Job Number	Rep Cat	Quantity / Units	I/D	Description	Amount	I/D	P/F	

DOCUMENT TOTAL