



COUNTY OF POLK  
Community, Family & Youth Services

**General Assistance**  
2309 Euclid Avenue, Des Moines, IA 50310  
Phone: 515.286.2088 / Fax: 515.323.5220  
[www.polkcountyia.gov](http://www.polkcountyia.gov)

**Application for Cremation Assistance**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E Mail:** \_\_\_\_\_

**Relationship to the deceased:** \_\_\_\_\_

Please provide the following information about the deceased:

Full Name (First, Middle, Last):	
Most recent address:	
Length of time at this address:	
Prior address (if most recent address is less than 1 year).	
Date & Place of Death:	
DOB & Age:	
Social Security Number:	
Did deceased serve in the military?	
If so, were they a war time vet? If yes, contact Veteran Affairs @ 286-3670	
Was he/she ever married to a war time vet?	

If employed; list employer's name	
Length of time there	
Monthly net income	
If not employed; list their income source	
Monthly net amount	
Is there real estate in his/her name?	
Does he/she have life insurance?	
Does he/she have burial insurance?	
Did he/she have a checking account?	
Can a recent statement be provided?	



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Did he/she have a savings account?	
Can a recent statement be provided?	

Please provide the following information about the spouse of the deceased.

Full Name

1. Address
2. Date of Birth
3. Source of income (i.e. employment, Social Security, Child Support, FIP, etc.)

Income verification for the spouse must be provided. Verification could be (but is not limited to) pay stubs for last 30 days, bank statement for last 30 days, social security printout, child support/FIP printout, etc).

**SPOUSE:**

Full Name:	
Address:	
Date of Birth:	
Income Source:	