

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.polkcountyiowa.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?	
Is there an auto title 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 immediate family of the deceased. Immediate family is defined as spouse, parents, adult siblings & adult children.

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

Income verification for all immediate family members 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:

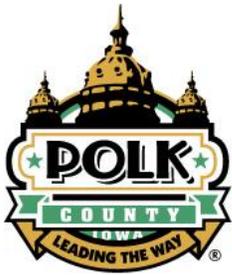
Full Name:	
Address:	
Date of Birth:	
Income Source:	

PARENTS:

Mother's Name:	
Address:	
Date of Birth:	
Income Source:	
Father's Name:	
Address:	
Date of Birth:	
Income Source:	

ADULT SIBLINGS:

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



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

ADULT CHILDREN:

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

ADULT CHILDREN:

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

Please send completed application and all additional information to Dan Womble at Dan.Womble@polkcountyiowa.gov or fax to (515) 323-5220. If you have any other questions you may contact Dan by e-mail or at (515) 286-3385.