

FORM F&B-1 (7/99)

Application Date _____

Decedent's Name _____
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 SSI M

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

Name _____
First Middle Last Relationship _____

Address _____
Street City ZIP Telephone _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

F&B-1 (7/99)
04-080-0799-05

Is there a Veteran's death benefit? yes no If yes, amount \$ _____

Is there a Social Security death benefit? yes no If yes, amount \$ _____

Is there any other death benefit? yes no If yes, amount \$ _____ type of benefit _____

I certify, under penalty of perjury, that the information I have given is correct, true, and complete to the best of my knowledge.

I understand that this application is subject to review, and that I must submit required verifications of what I have stated.

I understand that the Department of Transitional Assistance will investigate all facts relating to eligibility for payment of funeral and burial expenses. I further consent to assign to the Department of Transitional Assistance any benefits from insurance or third party, as required by state law, if death was a result of an accident.

Signature of person completing the application

Date

Signature of TAO Worker

Date