



Applicant last name:	Applicant given name(s):	Applicant treaty number:
Deceased last name:	Deceased given name(s):	Deceased treaty number:
Deceased date of birth:	Deceased date of death:	Deceased place of death:
Next of kin:	Next of kin relationship:	Name of administrator of estate:

TYPE OF ASSISTANCE

Please refer to Appendix H of Income Assistance Manual for eligible expenditure amounts

A: VARIABLE ALLOWANCES - BURIAL

Funeral Expenses	Support Document Required	Allowance paid directly to Vendor	Amount
145-1 Casket	<input type="checkbox"/>	<input type="checkbox"/>	\$
145-2 Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	\$
145-3 Transportation of Deceased	<input type="checkbox"/>	<input type="checkbox"/>	\$
145-4 Wake Cost or Opening and Closing of Grave	<input type="checkbox"/>	<input type="checkbox"/>	\$
145-5 Burial Clothing	<input type="checkbox"/>	<input type="checkbox"/>	\$
145-6 Wooden Outer Box or Hermetically Sealed Container	<input type="checkbox"/>	<input type="checkbox"/>	\$
145-7 Exceptional Costs (Any exceptional costs related to transport or preparation of the remains must be identified and supported with invoices from the funeral director)	<input type="checkbox"/>	<input type="checkbox"/>	\$
145-8 Total for Funeral Expenses (Add lines 145-1 to 145-7)	<input type="checkbox"/>	\$	
Funeral Cost Contributions	Support Document Required		Amount
145-A Old Age Security & Guaranteed Income Supplement	<input type="checkbox"/>		\$
145-B Canada Pension Plan - Death Benefit	<input type="checkbox"/>		\$
145-C Employee Death Benefit	<input type="checkbox"/>		\$
145-D Insurance (MPIC, Individual or Group Policy)	<input type="checkbox"/>		\$
145-E Provincial Medical Examiner	<input type="checkbox"/>		\$
145-F Criminal Injuries Compensation	<input type="checkbox"/>		\$
145-G Assets of the Deceased	<input type="checkbox"/>		\$
145-H Other:	<input type="checkbox"/>		\$
145-I Total for Funeral Cost Contributions (Add lines 145-A to 145-H)	<input type="checkbox"/>		\$
145 Total for Funeral Claim (Subtract line 145-I from 145-8) <i>If result Greater than 0 transfer to line 145 on Budget and Decision Form (SD04)</i>			\$

Signature of Issuing Authority _____ Date _____

For Use by the Issuing Authority