Application for Indigent Burial at Canaan Township's Expense

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Age: _____ *Please provide written documentation of age, such as driver's license*.

Size of Household: _____

Age(s) of Number in Household:

_____ _____ _____ _____ _____ _____

INCOME DOCUMENTATION

Household Income Source(s): Please attach to this application documentation of each income source, including SS or Medicare Cards, pay stubs, income tax returns, and such.

_____ monthly / yearly amount $_____
(Income Source) (Circle one)

_____ monthly / yearly amount $_____
(Income Source) (Circle one)

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(Income Source) (Circle one)