

Athens Township

Athens County, Ohio

APPLICATION FOR BURIAL OR CREMATION AT THE EXPENSE OF ATHENS TOWNSHIP, ATHENS COUNTY, OHIO

Ohio Revised Code §9.15

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

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

Size of Household: _____

Age(s) of each member 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, etc.*

_____ monthly / yearly amount \$ _____
(Income Source) (Circle One)

_____ monthly / yearly amount \$ _____
(Income Source) (Circle One)

_____ monthly / yearly amount \$ _____
(Income Source) (Circle One)

_____ monthly / yearly amount \$ _____
(Income Source) (Circle One)

_____ monthly / yearly amount \$ _____
(Income Source) (Circle One)

****FOR OFFICE USE ONLY****

Application filed on: _____ Received by: _____
(Date Filed) (Township Personnel Receiving Application)

Income documentation attached: Yes or No Date of Board consideration: _____
(Circle One) (Date)

Approved: _____ Denied: _____
(Date) (Date)