

## Application / Invoice for Funeral Expenses

Please print.

**AISH Office Use Only**

▪ **Funeral Home Operators to complete sections 1-6**

Your Reference Number	File Number
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1. Details of Deceased Person			
Name <small>(last name)</small>	<small>(first name)</small>	<small>(middle name)</small>	Birth date <small>yyyy mm dd</small>
Residence address at time of death <small>(Include city, town, village, county, municipal district, improvement district, or special area)</small>			Postal code <small>                              </small>
Date of death <small>yyyy mm dd</small>	Place of death	Date of funeral service <small>yyyy mm dd</small>	Social Insurance Number <small>                              </small>

2. Funeral Home/Cemetery Details		
Name of Funeral Business	Phone number <small>                              </small>	Vendor number <small>                              </small>
Address		Postal code <small>                              </small>
Name of Cemetery <small>(where applicable)</small>	Phone number <small>                              </small>	Vendor number <small>                              </small>
Address		Postal code <small>                              </small>

3. Funeral Costs
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Items	Agreement Rate	Accounts Payable Use Only
Basic Funeral Services as per Agreement also includes Form 4 Medical & 100KM round trip transportation	\$	
Additional transportation charges as per Agreement	\$	
Essential travel distance incurred over 100KM _____ x Rate =	\$	
Casket Type _____	\$	
For funeral homes outside Edmonton/Calgary freight cost on casket	\$	

**Interment Services** *(The Department will pay for either an interment or cremation service but not both.)*

Original opening & closing charges	\$	
Graveliner (if compulsory)	\$	
Cemetery Plot (50%)	\$	

**Cremation** *(The Department will pay for either an interment or cremation service but not both.)*

Cremation fee, includes cremation, container for ashes	\$	
Scattering or burial of cremated ashes as per Agreement	\$	

**Total Funeral Costs** ▶

	\$	
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### Additional Costs Paid by Non-Responsible Survivors

▪ List all funeral services and costs enhanced and/or not mentioned but provided and paid for by other individuals.

Specify:

	\$
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**If payment to be split between Funeral Home and Cemetery, please complete:** ▶

\$ Funeral Business	+	\$ Cemetery	=	\$
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File Number

**4. Declaration of Funeral Home Director**

I certify the information on this Application/Invoice for Funeral Expenses to be true and that I will provide all these services. I further declare that I have disclosed all costs and services related to this funeral and agree to accept the amount approved by Alberta Seniors and Community Supports as payment.

Signature of Funeral Home Director

Date  
yyyy mm dd

**X**

**5. Details of Responsible Survivor / Estate Administrator / Next of Kin**

Name of Responsible Survivor	Relationship to the deceased	Phone number
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Address	Postal code
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Name of Estate Administrator or Next of Kin (if different from Responsible Survivor)	Phone number
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Address	Postal code
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SCS3852 Request for Estimate - Canada Pension Plan Death Benefit form sent to CPP?  Yes  No

**6. Declaration of Responsible Survivor / Estate Administrator / Next of Kin**

In return for the assistance provided by Alberta Seniors and Community Supports regarding these related funeral expenses for the deceased, I have no intention to apply for the CPP Death Benefit.

Signature of Responsible Survivor / Estate Administrator / Next of Kin

Date  
yyyy mm dd

**X**

**7. Department Authorization (subject to the terms and conditions of the Agreement)**

**NOTE: The Department must confirm the deceased person's eligibility for funeral benefits under the *Assured Income for the Severely Handicapped Act* prior to approval of costs.**

Request approved:  Yes Amount approved: \$

No Reason:

CPP Death Benefit amount payable to the estate (Attach confirmation, SCS 3852 from CPP) \$

Signature of Worker	Phone number	Date yyyy mm dd	Office/Unit/Csld
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**X**

Expenditure Officer's signature	Expenditure Officer's Title
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**X**

Comments

**Instructions to the Supplier/Payee:**

- Once authorized this application/invoice allows you to supply the goods and services identified for the Alberta Seniors and Community Supports client. You may bill Alberta Seniors and Community Supports for only the amount approved. Keep copies for your records.
- This certifies that the goods and/or services (or portions of) are being purchased by Alberta Seniors and Community Supports which is part of the Alberta Crown and are therefore not subject to the Goods and Services Tax.
- After the funeral services have been delivered, submit a copy of this form and the Funeral Director's Statement of Death to the AISH office that provided you with the authorization for payment.

*The information you provide on this form is collected under the authority of the Assured Income for the Severely Handicapped Act, as applicable, in compliance with the Freedom of Information and Protection of Privacy Act, and will be used to determine and verify eligibility for benefits. This information may be matched and verified with other sources, agencies and governments. If you have any questions about the collection of this information, you may contact the nearest AISH office.*