



Board of Trustees, Liberty Township
Butler County, Ohio

Embraced by nature. ♦ Inspired by progress.

APPLICATION FOR TOWNSHIP BURIAL
(O.R.C. 9.15)

Name of Deceased _____ Date of Birth _____

Address _____ S.S. # _____

Date of Death _____ Place of Death _____

Names of Parents, Spouse, Children, etc... Address Phone No.

Resources or Other Available Funds:

Life Insurance Social Security Benefits Veterans Benefits Bank Accounts

Recipient of Public Assistance? Yes _____ No _____

Comments: _____

Funeral Home _____ Burial Lot _____

Phone No. _____

Being without funds to pay funeral expenses for the above deceased, I hereby make application to Liberty Township, Butler County, Ohio, for a township burial, and agree to reimburse the Liberty Township, Butler County, Ohio, for any money paid by them to defray these expenses in the event any money is recovered from insurance or other death benefits.

Applicant Signature

Relationship to Deceased

Typed or Printed Name

Address

Phone Number (include area code)

City, State, Zip

STATE OF OHIO
COUNTY OF _____, SS:

BE IT REMEMBERED, before me, a Notary Public, in and for said County and State, personally appeared _____, who acknowledged that he / she did sign the foregoing instrument and that the same is the free act and deed of him / her personally.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal this _____ day of _____, 20____.

Notary Public