



STARR COUNTY COVID CONDOLENCE PROGRAM APPLICATION

Section A

Name of Deceased as it appears on Birth Certificate

Place of Death _____

Address Prior to Death _____

Was the deceased a resident of Starr County? _____
(Please provide I.D.)

Was the deceased receiving any type of Medicaid _____

Was cause of death due to COVID? _____

Telephone Number

Date of Birth _____

Date of Death _____

Which Funeral Home

What City

Section B (parents, spouse, children, etc.)

Please List all
Household Members

Relationship
to Deceased

Monthly Income
(Source)

Medicaid
Y or N

SECTION C

Did the deceased have prepaid burial service or life insurance? _____

Was the deceased a veteran? _____

Has the funeral Home been contacted? _____

Has any money been paid to the funeral home or the cemetery plot? _____

Signature of applicant representative

Relationship to deceased

Date