

**IRREVOCABLE FUNERAL CONTRACT
CERTIFICATION**

Michigan Department of Human Services

DHS USE ONLY

AUTHORITY: P.A. 255 OF 1986. COMPLETION: Voluntary
PENALTY: Possible ineligibility for assistance
The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

Grantee Name					
Grantee Client ID		Case Number		Date	
County	District	Section	Unit	Specialist	Other ID (as required)

SECTION I

I request that the fully paid guaranteed price funeral contract I entered into (copy attached) on _____ (Month, Day, Year)

with _____ (Name of Contract Seller) for _____ (Name of Beneficiary)

in the amount of \$ _____ (excluding income) be certified irrevocable pursuant to Public Act 255 of 1986, as amended.

(Check Appropriate Box)

\$ _____ of the death benefit from a life insurance policy or annuity contract has been assigned as payment for funeral goods or funeral services for the beneficiary named above.

No amount of the death benefit from a life insurance policy or annuity contract has been assigned as payment for funeral goods or funeral services for the beneficiary named above.

I understand that if this contract is certified irrevocable the State of Michigan will not pay for additional funeral goods and funeral services subject to contract under this Act. I understand that an irrevocable contract remains in effect even if I stop receiving assistance.

Name of Beneficiary _____ Social Security No. _____

Address _____ Birthdate _____

Signature of Purchaser/Beneficiary _____ Date _____

SECTION II

I certify that the contract described in Section I is a fully paid guaranteed price contract and is in compliance with the requirements set forth in Public Act 255 of 1986, as amended. I certify that to the best of my knowledge all providers of funeral goods or funeral services under this contract are registered with the Michigan Department of Consumer & Industry Services and are otherwise in compliance with Public Act 255 of 1986, as amended. I also certify that I am registered as a contract seller with the Michigan Department of Consumer & Industry Services as prescribed in Public Act 255 of 1986, as amended.

Name of Contract Seller or Firm _____

Address _____ Phone No. _____

Registration Number _____ Expiration Date _____

Signature of Contract Seller _____ Date _____

SECTION III

Approval of Department of Human Services: The contract described in Section I was entered into more than 10 business days ago and meets all conditions for certifying contracts irrevocable listed in PAM 805. Certification is hereby given that the contract is irrevocable pursuant to Section 19 of Public Act 255 of 1986, as amended.

Disapproved by Department of Human Services for the following reason(s):

By _____ Signature _____ Title _____ Date _____

County Department of Human Services