



TOWN OF CONWAY

P.O. Box 2680 Conway, New Hampshire 03818

(603) 447-3811
www.conwaynh.org

Assignment for Funeral and Burial or Cremation expenses MAINE

ESTATE OF _____
Name of Deceased

AFFIDAVIT OF _____
Name of Applicant

I _____, Funeral Director for _____
Name of applicant Name of Funeral Home

am a licensed funeral director in Maine / NH (circle or delete one).

_____ will provide burial or cremation services for
Name of Funeral Home

_____, who lived at _____, who
Name of Deceased Physical Address

was born on _____, and died on _____.
xx-xx-xxxx xx-xx-xxxx

The attached Statement of funeral goods and Services accurately represents the charge for services provided by _____ on behalf of
Name of Service Provider

Name of Deceased

_____ reportedly has liquid assets on account with
Name of Deceased

Name of Financial Institution

Pursuant to NH RSA 165:27-a, Assignment for Funeral and Burial or Cremation expenses,
_____ requests payment of liquid assets of _____
Name of Service Provider Name of Deceased

In the possession of _____ to pay the balance due for funeral and
Name of Financial Institution
burial or cremation services.

Further the affiant sayeth not. Dated: _____
xx-xx-xxxx Signature
Authorized for:

STATE OF MAINE
COUNTY OF _____

On this the _____ day of _____, _____, before me, the undersigned officer, personally appeared _____
authorized for _____, known to me (or satisfactorily proven) to be
the person whose name is subscribed to the within instrument and who, after being duly sworn, did verify the accuracy
and completeness of the above statements of fact.

In witness whereof I have hereunto set my hand and official seal.

Notary Public / Justice of the Peace
My Commission Expires: