

**Georgia Department of Human Services
Division Of Family and Children Services
MAO Cemetery Lot Verification**

Date _____

Case Worker Name _____

Phone # _____

Applicant/Recipient Information (to be completed by DFCS)

Name _____

Case # _____

Cemetery Lot Information (to be completed by cemetery representative)

The above-named individual has applied for Medical Assistance with the State of Georgia. We have been advised that he/she owns a cemetery lot. Current regulations require that we verify all resources prior to approving any applicant for Medical Assistance. Please complete the following. If you have any questions, please contact the case worker listed above or the DFCS Customer Contact Center at 877-423-4746.

Does the above-named have a lot at your cemetery _____ Yes _____ No

If yes, please also complete the following:

Name of Owner(s) _____

Name of Cemetery _____

Address of Cemetery _____

Number of Spaces Owned _____ Number of Spaces Vacant _____

Current Selling Price of One Space _____

If price is less when more than one space is purchased, please indicate price per space: _____

Are there any regulations that prohibit the re-sale of lots by the owner? _____ Yes _____ No

If yes, please explain. _____

Signature of Cemetery Representative

Date

Printed Name

Title

Email

Phone #