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*778 W. State St.  
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## INDIGENT BURIAL/CREMATION

All deceased persons shall be afforded a dignified burial commensurate with their ability to pay. A decedent, prior to death, may direct the preparation for, type or place of interment of his remains either by oral or written instructions, but a written contract for funeral services may only be modified in writing.

When the responsibility for disposition becomes the duty of the County of Imperial, the decedent's evidenced intent takes priority.

Generally, in Imperial County, deceased indigents shall be cremated, with the exception of decedents whose religion forbids cremation and those who own their own burial plots prior to death and have paid the appropriate opening and closing plot fees.

The Imperial County Indigent Burial/Cremation program has been designed to help families who, at this difficult time are financially unable to pay for a funeral. Upon approval, applicants are limited to direct cremation.

The County prefers cremation. The County does not supplement funds already available to the family or decedent for funeral arrangements.

Proof of Income of the applicant and co-applicant must be attached. Please furnish our office with a copy of your latest pay stub and bank statement (W-2s may be required upon request).

**An incomplete application will be denied.**

Imperial County  
Public Administrator/Conservator/Guardian  
778 W. State St. El Centro, CA 92243  
Tel. (442) 265-7000 Fax (442) 265-7034

**Indigent Cremation Application**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

**1. Decedent's Information (Proof of Income Must Be Attached)**

Name \_\_\_\_\_ SS# \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

Age \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse: \_\_\_\_\_

Name of Father \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Cause of Death \_\_\_\_\_ Mortuary \_\_\_\_\_

Decedent's Occupation \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

Other Source(s) of Income \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Social Security\$ \_\_\_\_\_ Veteran \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Savings [ ] Yes [ ] No Balance \$ \_\_\_\_\_ Name of Branch \_\_\_\_\_ Location \_\_\_\_\_

Checking: [ ] Yes [ ] No Balance\$ \_\_\_\_\_ Name of Branch \_\_\_\_\_ Location \_\_\_\_\_

Real Property:

Own: [ ] Yes [ ] No Monthly Payment \$ \_\_\_\_\_ Rent [ ] Yes [ ] No Monthly Payment\$ \_\_\_\_\_

Property Address: \_\_\_\_\_  
(Street) (City) (Zip)

Vehicles: [ ] Yes [ ] No Location: \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Other Assets: Cash, Checks, Etc. \_\_\_\_\_

Life Insurance [ ] Yes [ ] No If Yes, Name of Company \_\_\_\_\_

Face Value \_\_\_\_\_ Policy # \_\_\_\_\_

Next of Kin(s) [ ] Yes [ ] No If yes, give name and relationship:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

**2. Applicant's Information (Proof of Income Must Be Attached)**

Applicant's Name \_\_\_\_\_ Relationship \_\_\_\_\_  
DOB \_\_\_\_\_ SS# \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ PO Box \_\_\_\_\_  
Applicant's Source of Income \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
Business or Employer  
\_\_\_\_ Social Security \_\_\_\_ Veteran's Retirement \_\_\_\_ AFDC \_\_\_\_ Other \_\_\_\_\_  
**Other** Source of Income or Means of Support: \$ \_\_\_\_\_  
\_\_\_\_ None \_\_\_\_ AFDC \_\_\_\_ Soc Sec \_\_\_\_ Veteran's \_\_\_\_ Unemployment \_\_\_\_ Other \_\_\_\_\_

**Income Verification:**

Most Recent: \_\_\_\_ Pay Stub \_\_\_\_ AFDC \_\_\_\_ SSA/VA \_\_\_\_ Other \_\_\_\_ Bank Statement \_\_\_\_ W-2/Taxes \_\_\_\_ Credit card  
Applicant's Savings Acct [ ] Yes [ ] No Approximate Balance \$ \_\_\_\_\_  
Checking Acct [ ] Yes [ ] No Approximate Balance \$ \_\_\_\_\_  
Bank: \_\_\_\_\_ Account # \_\_\_\_\_ Branch/City \_\_\_\_\_  
Mortgage Co./Landlord \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_  
Monthly Mortgage/Rent Payment \$ \_\_\_\_\_

**Vehicles:**

1. \_\_\_\_\_  
Make Model Year License
2. \_\_\_\_\_  
Make Model Year License

Any other Assets: Yes or No

If Yes, explain \_\_\_\_\_  
\_\_\_\_\_

**3. Co-Applicant's Information (Proof of Income Must Be Attached)**

Co-Applicant's Name \_\_\_\_\_ Relationship \_\_\_\_\_  
DOB \_\_\_\_\_ SS# \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ PO Box \_\_\_\_\_  
Co-Applicant's Source of Income \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
Business or Employer  
\_\_\_\_ Social Security \_\_\_\_ Veteran's Retirement \_\_\_\_ AFDC \_\_\_\_ Other \_\_\_\_\_  
**Other** Source of Income or Means of Support: \$ \_\_\_\_\_  
\_\_\_\_ None \_\_\_\_ AFDC \_\_\_\_ Soc Sec \_\_\_\_ Veteran's \_\_\_\_ Unemployment \_\_\_\_ Other \_\_\_\_\_

**Income Verification:**

Most Recent: \_\_\_\_ Pay Stub \_\_\_\_ AFDC \_\_\_\_ SSA/VA \_\_\_\_ Other \_\_\_\_ Bank Statement \_\_\_\_ W-2/Taxes  
Applicant's Savings Acct [ ] Yes [ ] No Approximate Balance \$ \_\_\_\_\_  
Checking Acct [ ] Yes [ ] No Approximate Balance \$ \_\_\_\_\_

Bank: \_\_\_\_\_ Account # \_\_\_\_\_ Branch/City \_\_\_\_\_

Mortgage Co./Landlord \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

Monthly Mortgage/Rent Payment \$ \_\_\_\_\_

Vehicles:

1. \_\_\_\_\_  
                    Make                      Model                      Year                      License

2. \_\_\_\_\_  
                    Make                      Model                      Year                      License

Any other Assets: Yes or No

If Yes, explain \_\_\_\_\_

**4. DISPOSITION**

Mortuary:                      \_\_\_\_\_Hems Mortuary                      \_\_\_\_\_Frye Chapel

Other \_\_\_\_\_

Does Applicant Agree to Cremation: YES \_\_\_\_\_ NO \_\_\_\_\_

Remains will be given to Applicant: YES \_\_\_\_\_ NO \_\_\_\_\_

I am unable to pay for the final disposition of the remains of my loved one and I am unable to contact anyone for assistance. Under these circumstances, I hereby request and authorize for the cremation.

**NOTE:** Final Place of remains if other than applicant/family (initial and date one):

Scatter at Sea \_\_\_\_\_ Mexican Consul \_\_\_\_\_ Other \_\_\_\_\_

**Payment for full burial cost must be paid to the County prior to purchasing a Marker for the Gravesite**

I declare under penalty of perjury that the statements made by me on this form are true and correct. I/we agree to repay the County of Imperial for all costs advanced for this Burial/Cremation as stated under Division 9, Part 5, of the Welfare and Institutions Code of the State of California.

I attest that I have thoroughly read and fully understand this application.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

Date \_\_\_\_\_ Co-Applicant \_\_\_\_\_

**PUBLIC ADMINISTRATOR AFFIDAVIT OF POSSESSION**

The Imperial County Public Administrator will take possession of any and all assets, whether of a real or personal nature, to pay the debts of a decedent who receives a County Indigent Burial. All assets of decedent must be turned over to the Public Administrator for disposition. No assets of the decedent may be removed without the permission of the Public Administrator.

I/We have read the above, understand and concur. I/We declare under penalty of perjury under the laws of the State of California that I/we have not, nor will I/we take possession of any assets of decedent named in this application.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

Date \_\_\_\_\_ Co-Applicant \_\_\_\_\_

\*\*\*\*\*

COUNTY USE ONLY

Cremation       Burial      Amount Approved \$ \_\_\_\_\_

Cemetery Paid on \_\_\_\_/\_\_\_\_/\_\_\_\_      Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Paid County: \$ \_\_\_\_\_ on Date \_\_\_\_\_

