Norma Saikhon Public Guardian Public Conservator Area Agency on Aging

normasaikhon@imperialcounty.net



778 W. State St. El Centro, CA 92243 Telephone: (442) 265-7000 Fax: (442) 265-7034

## 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: \_\_\_/\_\_\_ **Decedent's Information** 1. (Proof of Income Must Be Attached) \_\_\_\_\_ 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: Monthly Payment \$\_\_\_\_\_ Rent [ ] Yes [ ] No Monthly Payment\$\_\_\_\_\_ Own: [ ] Yes [ ] No Property Address: \_ (City) Zip) 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: (Relationship) (Name) (Name) (Relationship)

(Relationship)

(Name)

# 2. <u>Applicant's Information</u> (Proof of Income Must Be Attached)

Applicant's Name			Relationship			
<b>#</b>	7	Tel. No. ()				
			PO Box			
D : E 1			Monthly Income \$_			
		Otner				
		Unemployment	Other			
500 500	veteran s		omer			
AFDC S	SA/VAOther _	Bank Statement	W-2/Taxes	Credit card		
s [ ] No	Approximate Balance	\$				
s [ ] No	Approximate Balance	\$				
_ Account #	1	Branch/City				
		Balar	nce Owed \$			
\$						
Model	Year	License				
Model	Year	License				
nformation	(Proof of Income N	Just Be Attached)	,			
_						
			_			
Business or Employe	r		Monthly Income \$			
/eteran's Retireme	nt AFDC	Other				
		Oulei				
s of Support: \$		Other				
s of Support: \$						
s of Support: \$						
s of Support: \$ Soc Sec	Veteran's	_ Unemployment	Other			
s of Support: \$ Soc Sec	Veteran's SA/VAOther	_ UnemploymentBank Statement	Other			
	Business or Employer Veteran's Retirements of Support: \$ Soc Sec AFDCSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	Business or Employer Veteran's RetirementAFDC s of Support: \$Soc SecVeteran's AFDCSSA/VAOther s	Business or Employer Veteran's RetirementAFDCOther S of Support: \$ Soc SecVeteran'sUnemployment AFDCSSA/VAOtherBank Statement S [] No Approximate Balance \$ S [] No Approximate Balance \$ Account #Branch/City Balan  Model Year License  Model Year License  Model Year License Relation #Relation #	#		

Bank:		Acc	ount #		Branch/City		
Mortga	age Co./Landlo	rd		Bala	ance Owed \$		
Monthl	ly Mortgage/Re	ent Payment \$					
Vehicle							
	1	Make	Model	Year	License		
	2	lake	Model	Year	License		
Any of	her Assets: Yes		Model	rear	License		
•							
11 103,	схрині					· · · · · · · · · · · · · · · · · · ·	
4.	DICDOC	ITION					
4.	<b>DISPOS</b>	IIION					
Mortu	ary:	Her	ns Mortuary	Fry	e Chapel		
Other_							
Does A	Applicant Agr	ree to Cremation:	YESNC				
Remai	ins will be giv	en to Applicant:	YES NO				
I am u	unable to pay	for the final di	sposition of the	e remains of 1	ny loved one a	nd I am unable to contac	ct anyone
for as	sistance. Un	der these circur	nstances, I here	eby request a	nd authorize fo	r the cremation.	•
NOTE	E: Final Place	of remains if oth	ner than applicar	nt/family (initi	al and date one):		
Scatte	r at Sea		Mexican C	onsul		Other	
Paym	ent for full	burial cost mus	st be paid to tl	he County p	rior to purcha	sing a Marker for the (	Gravesite
•			•	• •	•	3	
I decl	are under nei	nalty of periury	that the statem	ents made hi	me on this for	m are true and correct.	I/we agree
	-			•		tion as stated under Divi	-
		and Institutions					ŕ
I attes	st that I have	thoroughly read	l and fully und	erstand this a	pplication.		
Date _		Appl	licant				
Date		Co-A	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 Ap	plicant
Date Co	-Applicant
***********	**************************************
[ ] Cremation [ ] Burial	Amount Approved \$
[ ] Cemetery Paid on//	Approved by: Date:
Applicant Paid County: \$	on Date

Revised 8/4/2016

Norma Saikhon
Public Guardian
Public Conservator
Area Agency on Aging

delayed or rejected.

Applicant Signature



778 W. State St. El Centro, CA 92243 Telephone: (442) 265-7000 Fax: (442) 265-7034

Date

### CREDIT REPORT AUTHORIZATION AND RELEASE

I/We certify that all the information contained in the attached application is true and includes a complete representation of all material facts as of this date. In addition, I/We give permission to the Public Administrator and/or its representatives or staff to request and receive information required to verify employment, depository accounts and credit history. This includes permission to run credit check reports and obtain all the information necessary to complete the application for service requested. Authorization is further granted to the reporting agency to use a photostatic reproduction of this authorization if necessary to obtain any information regarding the above mentioned information. Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

example, photocopy or	APPLICANT		CO-APPLICANT
NAME		NAME	
SOCIAL SECURITY #		SOCIAL SECURITY #	
DATE OF BIRTH (MM/DD/YYYY)		DATE OF BIRTH (MM/DD/YYYY)	
STREET ADDRESS		STREET ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
MAILING ADDRESS (If different from above)		MAILING ADDRESS (If different from above)	
CITY/STATE/ZIP		CITY/STATE/ZIP	
HOME/CELL PHONE		HOME/CELL PHONE	
WORK PHONE		WORK PHONE	
☐Do not contact me at work		☐Do not contact me at work	
DRIVER'S LICENSE #		DRIVER'S LICENSE #	
sent to the address of prese	cant hereby request(s) a copy of the cent residence, and holds the Public Admit mailing the copy requested.		
	E: This information is to be used by the oplicant under its program. It will not be	· ·	

Date

Co Applicant Signature

law. You do not have to provide this information, but if you do not, your application for approval as a prospective applicant may be