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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
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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 _____

