Public Administrator
Public Guardian
Area Agency on Aging

Public Administrator

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
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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 _____ City_____

Checking: [ ] Yes [ ] No Balance$ _____ Name of Branch _____ City_____

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	Address	Phone
Name	Relationship	Address	Phone
Name	Relationship	Address	Phone
Name	Relationship	Address	Phone
Name	Relationship	Address	Phone

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

Applicant's Name _____ Relationship to deceased: _____

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 Plate No.

2._____
Make Model Year License Plate No.

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 to deceased:_____

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: _____Frye Chapel _____Hems Brothers

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_____

Revised 10/13/2026

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Public Guardian
Area Agency on Aging Director

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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.

	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 ☐Do not contact me at work		**WORK PHONE** ☐Do not contact me at work	
DRIVER'S LICENSE #		**DRIVER'S LICENSE #**	

☐ Applicant ☐ Co-Applicant hereby request(s) a copy of the credit report obtained with any possible derogatory information be sent to the address of present residence, and holds the Public Administrator and/or its representatives or staff and any credit reporting organization harmless in so mailing the copy requested.

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective applicant under its program. It will not be disclosed outside the agency except as required or permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective applicant may be delayed or rejected.

_____ _____
Applicant Signature Date Co Applicant Signature Date

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REQUIRED DOCUMENTS

Attached and submit the following required documents with application:

- Proof of income (last two pay stubs, bank statements, letter of social security benefits, etc.)
- Proof of kinship (birth certificate, marriage certificate, etc.)
- Picture ID of applicant

Please make sure all copies provided are legible.

Thank you,
Imperial County Public Administrator's Office