



COUNTY OF FRESNO
JOHN ZANONI
SHERIFF-CORONER

APPLICATION FOR INDIGENT CREMATION/INTERMENT

Decedent Information
(Proof of Income must be attached)

Decedent

Coroner Case #: _____ Date & Time of Death: _____
Place of Death _____ Death Address: _____
Name _____ Date of Birth _____ State/County
Age _____ Gender _____ of Birth _____
SSN _____ Ever in US Armed _____
Education _____ Forces _____ Marital Status: _____
Occupation _____ Hispanic _____ Race: _____
Deceased _____ Business/Industry _____ Years in
Address: _____ Occupation _____

Years in County _____ State/Foreign
Surviving Spouse _____ Country _____
(Maiden Name) _____
Name of Father _____ State/Country
Name of Mother _____ of Birth _____
Mother Maiden _____ State/Country
Name _____ of Birth _____

Decedent's Monthly _____
Income _____
Other Family _____
Income _____
SSI _____ SSA _____ Retirement,
Disability _____ etc. _____
Savings/Checking _____
Acct No. _____ Bank _____

Is decedent a
Veteran? _____

Name:

Case number:

Honorably Discharged? _____ Date of Discharge _____ Place of Discharge _____

Was decedent receiving VA benefits? _____ Amount _____

Real Personal Property

Own Home? _____ Rent? _____ Monthly Payment _____

Location of Residence _____

Vehicles _____

Other Assets _____

Life Insurance _____

Policy Number _____

Applicant Information (Proof of Income must be attached)

Applicant Name _____ Relationship _____

Date of Birth _____ SSN _____ Telephone # _____

Address _____
(PO Box is not acceptable)

City, State ZIP _____

Applicant's Income _____

AFDC _____ Source _____

Income Verification _____ SSA _____

(Most recent pay stub, proof of AFDC, SSI, SSA, etc.) _____

Applicant Savings/Checking Acct _____

Property/Home, etc _____ Address _____

Monthly Payment _____ Other Assets _____

[Type text]

Name:

Case number:

Any Additional Next-of-Kin

1. Name	_____	Relationship	_____
Address	_____	Phone #	_____
2. Name	_____	Relationship	_____
Address	_____	Phone #	_____
3. Name	_____	Relationship	_____
Address	_____	Phone #	_____
4. Name	_____	Relationship	_____
Address	_____	Phone #	_____
5. Name	_____	Relationship	_____
Address	_____	Phone #	_____

I understand that the decedent will be directly cremated and that the County of Fresno will provide no service of any kind. I understand that the decedent will be interred as an indigent in a common grave at the Fresno County Cemetery. By signing this application, I authorize the cremation and interment to take place.

I declare under penalty of perjury that the statements made by me on this form are true and correct.

Applicant
Signature _____ Date _____

Witness _____ Date _____

[Type text]

Name:

Case number:

AFFIDAVIT

I, _____ , _____ Of
(Name) (Relationship)

(Name of Deceased) , do hereby swear of affirm,

that the following is true and correct to the best of my knowledge and belief:

I fully understand that under the provisions of S7100 of the H&S Code, the responsibility for interment of the above-named decedent devolves upon me.

I further understand that under the provisions of S7103 of the H&S Code, that if I omit to perform the duty imposed upon me by law within a reasonable time, I am guilty of a misdemeanor crime, and that I am liable to pay the person performing the duty in my stead, treble the expense incurred by the latter, to be collected by civil action.

I hereby state that I have neither income nor assets to defray the expenses of interment of the above-named decedent, and I request that such interment be made under the direction of the Fresno County Coroner-Public Administrator.

I understand that an investigation as to my financial ability to pay for any such interment will be made, including contact with any appropriate public or private agency, and if my statement is found to be false, I will be subject to payment of treble the cost to the County of Fresno for the interment of the above-named decedent.

Signed this _____ Day of _____ At Fresno, California

(Signature)

Witness _____ Date _____