COUNTY OF FRESNO
JOHN ZANONI
SHERIFF-CORONER

APPLICATION FOR INDIGENT CREMATION/INTERMENT

Decedent Information
(Proof of Income must be attached)

Decedent

Coronor Case #: _____ Date & Time of Death: _____

Place of Death _____ Death Address: _____

Name _____ Date of Birth _____

Age _____ Gender _____ State/County of Birth _____

SSN _____ Ever in US Armed Forces _____ Marital Status: _____

Education _____ Hispanic _____ Race: _____

Occupation _____ Business/Industry _____ Years in Occupation _____

Deceased Address: _____

Years in County _____ State/Foreign Country _____

Surviving Spouse (Maiden Name) _____ _____

Name of Father _____ State/Country of Birth _____

Name of Mother _____ State/Country of Birth _____

Mother Maiden Name _____

Decedent's Monthly Income _____

Other Family Income _____

SSI _____ SSA _____ Retirement, etc. _____

Disability _____

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			

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. Cremains will not be returned. I understand that the decedent will be cremated and scattered at sea. If the decedent is a Veteran in good standing interment will be at an authorized National Cemetery. By signing this application, I authorize the cremation and interment to take place. Failure to complete this form does not change the disposition outcome.

Applicant Signature _____ Date _____

Witness _____ Date _____

Name: _____ Case number:_____

AFFIDAVIT

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

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

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 _____