**MOBILE COUNTY COMMISSION**

﻿**APPLICATION FOR INDIGENT BURIAL**

DATE:

APP. TAKEN BY: E. Gray

**DECEASED:** Full Name:

Date of Birth Date of Death

Last Known Address:

City/State/Zip:

Own  Rent Monthly Payment or Rent: $

Passed Away at:

Cause of Death:

Social Security # Veteran (check one) Yes No

Marital Status: (Check one) Married  Never Married  Divorced Widowed

Name of Spouse:

Sex: (check one)  Male  Female (check one)  Child  Adult

National Origin: (check one)  Black  White  Hispanic  Asian  Other

Religious Preference:  Protestant  Catholic  Jewish  Muslim

Eastern Orthodox  Other  None

Location of Deceased:

Contact Person: Phone:

**NEXT OF KIN:** 1st Next of Kin Relation.

Address City/State/Zip

Occupation: Monthly Income: $

Name of Employer:

2nd Next of Kin Relation.

Address City/State/Zip

Occupation: Monthly Income: $

Name of Employer:

3rd Next of Kin Relation.

Address City/State/Zip

Occupation: Monthly Income: $

Name of Employer:

4th Next of Kin Relation.

Address City/State/Zip

Occupation: Monthly Income: $

Name of Employer:

**REQUESTER/CALLER:** Name:

Address:

City/State/Zip: Phone:

Relation to Deceased: Referred by:

**DECEDENT’S INCOME/RESOURCES:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | Amount Monthly |
| Social Security | Y | N | $ |
| SSI | Y | N | $ |
| SSDI | Y | N | $ |
| Food Stamps | Y | N | $ |
| VA Benefits | Y | N | $ |

Decedent’s Occupation: Monthly Income: $

Name of Employer:

Other Source of Income: Monthly Amount: $

Unemployment: $ Retirement: $

**ASSETS OF THE DECEASED:**

|  |  |  |
| --- | --- | --- |
| Financial Assets | Agency Name and Address | Amount |
| Checking Account Yes No |  | $ |
| Savings Account Yes No |  | $ |
| Safe Deposit Box Yes No |  | $ |
| IRA/CD Yes No |  | $ |
| Stocks, Bonds, Mutual  Funds, Annuities, etc. Yes No |  | $ |
| Credit Union Acct. Yes No |  | $ |
| Cash on hand |  | $ |
| Life Insurance/ Yes No  Burial Policy |  | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Real & Personal Property/Assets | Market Value | Balance Owed | Equity |
| Mobile Home (Year/Model): |  |  |  |
| Real Estate Properties: |  |  |  |
| Vehicles (Year, Make & Model):  1.  2. |  |  |  |
| Recreational Vehicles:  (Campers, trailers, boats, ATV, etc.) |  |  |  |
| Burial Plot(s) |  |  |  |
| Other Assets |  |  |  |

\*\* Proof of income of the decedent must be attached. Furnish this office with latest pay stub, last three month’s bank statements, and last year’s federal income tax return (1040) as well as a government-issued identification, such as a driver’s license. **An incomplete application will be denied.**

**ASSETS OF NEXT OF KIN: (Separate sheet needed for each member of family.)**

|  |  |  |
| --- | --- | --- |
| Financial Assets | Agency Name and Address | Amount |
| Checking Account Yes No |  | $ |
| Savings Account Yes No |  | $ |
| Safe Deposit Box Yes No |  | $ |
| IRA/CD Yes No |  | $ |
| Stocks, Bonds, Mutual  Funds, Annuities, etc. Yes No |  | $ |
| Credit Union Acct. Yes No |  | $ |
| Cash on hand |  | $ |
| Life Insurance/ Yes No  Burial Policy |  | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Real & Personal Property/Assets | Market Value | Balance Owed | Equity |
| Mobile Home (Year/Model): |  |  |  |
| Real Estate Properties: |  |  |  |
| Vehicles (Year, Make & Model):  1.  2. |  |  |  |
| Recreational Vehicles:  (Campers, trailers, boats, ATV, etc.) |  |  |  |
| Burial Plot(s) |  |  |  |
| Other Assets |  |  |  |

\*\* Proof of income of the next of kin must be attached. Furnish this office with latest pay stub, last three month’s bank statements, and last year’s federal income tax return (1040) as well as a government-issued identification, such as a driver’s license. **An incomplete application will be denied.**

**FOR OFFICE USE ONLY**

**APPLICATION FOR PAYMENT OF Check One:**

BURIAL

CREMATION

**EXPENSES OF (DECEASED) HAS BEEN APPROVED/DISAPPROVED**

**BY THIS DAY OF , 2019.**

In the provision of indigent burial services the Mobile County Commission does not discriminate on the basis of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status or any other characteristic protected under applicable federal or state law.

Revised 7/5/2016