

MOBILE COUNTY COMMISSION
APPLICATION FOR INDIGENT BURIAL

DATE: _____
APP. TAKEN BY: _____

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
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:

Income/Resources			Amount
Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
SSDI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Food Stamps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
VA Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$
Savings Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$
Safe Deposit Box	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		\$
IRA/CD	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		\$
Stocks, Bonds, Mutual Funds, Annuities, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$
Credit Union Acct.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$
Cash on hand				\$ 0
Life Insurance/ Burial Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No		\$

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 or last year's federal income tax return (1040) and the most recent bank statement. **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 <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Safe Deposit Box <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
IRA/CD <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Stocks, Bonds, Mutual Funds, Annuities, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Credit Union Acct. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Cash on hand		\$
Life Insurance/ Burial Policy <input type="checkbox"/> Yes <input type="checkbox"/> No		\$

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 month's bank statements, and/or last year's federal income tax return (1040). **An incomplete application will be denied.**

FOR OFFICE USE ONLY

APPLICATION FOR PAYMENT OF Check One:

- BURIAL
- CREMATION

EXPENSES OF _____ HAS BEEN APPROVED DISAPPROVED
(DECEASED)

BY _____ THIS _____ DAY OF _____, 2026.

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 2/3/2026