

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 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 <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			

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 or last year’s federal income tax return (1040) and the most recent bank statement. **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 _____, 2024.

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.

Please email to: indigentburial@mobilecountyal.gov