

# CITY OF FINDLAY

## APPLICATION FOR INDIGENT BURIAL FUNDS

Certain information contained in this application is

Page 1 thru 3 to be completed by deceased's representative

### DECEASED/INDIGENT PERSON INFORMATION

Full Name of  
Deceased: \_\_\_\_\_  
DOB: \_\_\_\_\_

Last Known  
Address: \_\_\_\_\_  
Street City State Zip Code

Social Security Number: \_\_\_\_\_  
Sex \_\_\_\_\_ Race \_\_\_\_\_

Date of Death: \_\_\_\_\_  
Place of Death \_\_\_\_\_

### DECEDENT'S NEXT-OF-KIN INFORMATION

1) Full Name: \_\_\_\_\_  
Relationship to Deceased: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code

Social Security Number: \_\_\_\_\_ DOB \_\_\_\_\_  
Phone Number: \_\_\_\_\_

1) Full Name: \_\_\_\_\_  
Relationship to Deceased: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip Code

Social Security Number: \_\_\_\_\_  
DOB \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**NOTE: City of Findlay, Burial of Indigent shall not exceed \$750 and shall include crematory charges and grave marker/monument less the amount of any contributions, insurance or property, real or personal, or of any other thing of value which may be applied toward the burial expenses. Accepting any additional payment for burial expenses not disclosed will be grounds for prosecution.**

**Failure to answer all questions may be grounds for denial.**

At the time of death, was the deceased a resident of the City of Findlay? **Yes / No**

If yes, please provide proof of residency.

Did the deceased receive benefits from Job & Family Services such as Ohio Work First, Medicaid, Healthy Start, Food Stamps or any other program? \_\_\_\_\_

Who claimed the body of the deceased? Name: \_\_\_\_\_

Address: \_\_\_\_\_

When? \_\_\_\_\_ Where: \_\_\_\_\_

Did the deceased have a court appointed guardian? **Yes / No** If yes, please list name and address of the legal guardian.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Did the deceased have a patient care account at an extended care facility at the time of death? **Yes / No** If yes, what was the amount in the account? \_\_\_\_\_

Was the deceased a veteran? **Yes / No** If yes, has or will someone be applying for burial funds? Yes / No

Will the body of the deceased be delivered for the purpose of medical or surgical study or dissection in accordance with Section 1713.34 of the Ohio Revised Code? **Yes / No**

Was the deceased receiving Social Security benefit at the time of death? **Yes / No**

Is/was there any life insurance policies for the deceased person? **Yes / No** If yes, what amount \_\_\_\_\_

Did the deceased participate in any type of pre-paid burial fund? **Yes / No** If yes, with whom \_\_\_\_\_

Did the deceased or does the spouse of the deceased own real estate, automobiles, or other? **Yes / No** If yes, please list

Did the deceased person have a checking or savings account at the time of death or within the last twelve (12) months prior to death? **Yes / No** If yes, please list name of financial institution.

Does the spouse of the deceased have a checking or savings account or did the spouse have a checking or savings account within the last twelve (12) months prior to this application? **Yes / No** If yes, please list name of financial institution.

Will the funeral home or the estate of the deceased be receiving benefits or donations from friends, family, coworkers, neighboring business, non-profit organizations or any other burial funds? Yes / No If yes, list all sources. \_\_\_\_\_

**SIGNATURE MUST BE NOTORIZED**

STATE OF OHIO, CITY OF FINDLAY:

\_\_\_\_\_, being duly sworn, deposes and  
Representative for the Deceased Name – Print

Says he or she is the individual making the foregoing application; and that the answers to the foregoing question and other statement contained herein are true to the best of his/her knowledge.

\_\_\_\_\_  
Deceased's Representative Signature

Sworn to before me and subscribed in my presence this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary or Agent of Director of Public Safety

To be completed by Funeral Home Representative

(Application must be submitted within thirty (30) days from date of death.)

**FUNERAL DIRECTOR'S INFORMATION**

Applicant Name: \_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_

Address of Funeral Home: \_\_\_\_\_

Funeral Home Phone#: \_\_\_\_\_ Federal I.D. # \_\_\_\_\_

**Before the invoice of the indigent application is processed, the City of Findlay requests Cremated remains of the applicant to be returned to Maple Grove Cemetery Office.**

**FUNERAL DIRECTOR'S STATEMENT**

Note: Burial of indigents shall not exceed \$750.00 and shall include cemetery charges and crematory charges less the amount of any contributions, insurance or property, real or personal, or of any other thing of value which may be applied toward the burial expenses. Accepting any additional payment for burial expenses not disclosed will be grounds for prosecution.

I, \_\_\_\_\_, acknowledge that I have read and understand by signing below agree to comply with all requirements set forth therein.

**SIGNATURE MUST BE NOTORIZED**

STATE OF OHIO, CITY OF FINDLAY:

\_\_\_\_\_, being duly sworn, deposes and  
 Funeral Home Applicant Name – Print

Says he or she is the individual making the foregoing application; and that the answers to the foregoing question and other statement contained herein are true to the best of his/her knowledge.

\_\_\_\_\_  
 Applicant Signature

Sworn to before me and subscribed in my presence this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary or Agent of Director of Public Safety

**Approvers Signatures**

Approve / Disapprove (Circle One)                      Date: \_\_\_\_\_

Amount Approved \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Public Works Superintendent: \_\_\_\_\_

Service/Safety Director or Designee: \_\_\_\_\_