APPLICATION FOR INDIGENT BURIAL FUNDS

Certain information contained in this application is a matter of public record subject to disclosure. Per Resolution 2015-023, Exhibit A, payment by Jefferson Township for Burial of Indigent shall not exceed Seven Hundred Fifty Dollars ($750.00) for the cost of professional services rendered by funeral directors for cremation or preparation of body of deceased indigent for burial less the amount of any contributions; insurance; property, real or personal; and any other thing of value which may be applied toward the burial expenses. Pursuant to Ohio Revised Code Section 9.15, "indigent person" means a person whose income does not exceed one hundred fifty per cent of the federal poverty line, as revised annually by the United States department of health and human services in accordance with section 673(2) of the "Omnibus Budget Reconciliation Act of 1981," 95 Stat. 511, 42 U.S.C. 9902, as amended, for a family size equal to the size of the person's family.

Pages 1 thru 3 to be completed by deceased’s representative

DECEASED/INDIGENT PERSON INFORMATION

Full Name of Deceased: ________________________________________ D.O.B. ______________________

Last Known Address: __________________________________________________________________________

Street City State Zip Code

Social Security Number: _________________________ Sex: ______________ Race: ______________

Date of Death: _________________________ Place of Death: _________________________________________

DECEDED’S NEXT-OF-KIN INFORMATION

1) Full Name: _________________________________________ Relationship ______________

Address: __________________________________________________________________________

Street City State Zip Code

Social Security Number: _________________________ D.O.B. _________________________

Phone Number: _________________________ Email: _________________________

2) Full Name: _________________________________________ Relationship ______________

Address: __________________________________________________________________________

Street City State Zip Code

Social Security Number: _________________________ D.O.B. _________________________

Phone Number: _________________________ Email: _________________________

ATTACH TO THIS APPLICATION: (1) Number and ages of household members, (2) each income source, and corresponding monthly or annual amount. Include Social Security, Pay Stubs, Income Tax returns, etc. (3) Proof of residency of deceased, (4) Affidavit of Deceased’s Representative.
I, ________________________________ (the “Affiant”), as the representative of the deceased ____________________________________ (the “Decedent”), being first duly sworn, do depose and state that:

1. Decedent died a resident of the unincorporated area of Jefferson Township.

2. To the best of Affiant’s knowledge, neither the funeral director nor the funeral home has received any compensation, either directly or indirectly, in any form, for the cremation of the Decedent.

3. To the best of Affiant’s knowledge, the Decedent is indigent and has not real or personal property, employment benefits, pensions, annuities, social security, unemployment compensation, inheritances, insurance, or other assets.

4. Affiant agrees to reimburse Jefferson Township for disposition expenses, if it is determined that the Decedent died owning assets, property, and/or insurance sufficient to cover the Decedent cremation and/or burial expenses.

5. Affiant certifies he or she has read and understands the Jefferson Township Policy for Indigent Burial or Cremation and agrees to comply with all the requirements set forth therein.

6. Affiant says he or she is the individual making the foregoing application; and that the answers to the foregoing questions and other statements contained herein are true to the best of his or her knowledge.

Further Affiant sayeth naught.

___________________________________________________
(Signature)

Sworn to before me and subscribed in my presence this __________ day of ______________, 20 ______.

________________________________________
__________________
NOTARY PUBLIC
To be completed by Funeral Home Representative

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

FUNERAL DIRECTOR’S INFORMATION

Full Name of Deceased ____________________________________________

Applicant Name: ___________________________________________

Name of Funeral Home: _____________________________________

Address of Funeral Home: ___________________________________

Funeral Home Phone: ___________________________ Federal ID: __

You must include one (1) certified copy of the death certificate and one (1) copy of the cremation permit; two (2) copies of an itemized statement for the amount requested to be paid by the Township; and a copy of the obituary, if any, along with this application.

AFFIDAVIT OF FUNERAL HOME DIRECTOR

STATE OF OHIO §
COUNTY OF FRANKLIN §

I, ___________________________________________ (the “Affiant”) being first duly sworn that:

1. I am a duly license funeral director of _____________________________ (“Funeral Home”) located at ________________________________;

2. As the funeral director I am responsible for all aspects of the burial or cremation of the deceased including the funeral arrangements and the funeral rites.

3. Neither the Affiant nor the Funeral Home has received any type of compensation for the cremation and/or burial services associated with the Decedent.

4. To the best of Affiant’s knowledge, Decedent died an indigent resident of the unincorporated area of Jefferson Township and qualifies for indigent disposition pursuant to Ohio Revised Code section 9.15.

5. Affiant certifies he or she has read and understands the Jefferson Township Policy for Indigent Burial or Cremation and agrees to comply with all the requirements set forth therein.

6. Affiant certifies he or she is the individual making the forgoing application; and that the answers to the foregoing questions and other statements contained herein are true to the best of his or her knowledge.

Further Affiant sayeth naught.

__________________________________________
(Signature)

Sworn to before me and subscribed in my presence this _________ day of ______________, 20 ______.

__________________________________________
NOTARY PUBLIC