



County of Santa Clara

Medical Examiner-Coroner
850 Thornton Way
San Jose, California 95128-4702
(408) 793-1900 FAX 793-6759

Case No. _____

Request for Indigent Interment (Cremation or State Curator) by Legal Next of Kin of Deceased

Having been informed of my rights and duties and the penalties for non-compliance as set forth in the Health and Safety Code, Sections 7100 and 7103, under penalty of perjury I state that I am financially unable to fulfill my legal obligation of Interment of _____, deceased and request that the County of Santa Clara assume the responsibility. I submit the following personal and financial information to substantiate my request:

DECEDENT INFORMATION:

Full Name: _____ Address: _____
Date of Birth: _____ City/State/Zip Code: _____
Date of Death: _____ Location of Death: _____
Religion: _____ Veteran: _____
Race/Ethnicity: _____ Social Security #: _____

APPLICANT INFORMATION:

Name of Applicant: _____ Address: _____
Telephone: _____ City/State/Zip Code: _____
Relationship to Decedent: _____ Martial Status: _____
Social Security #: _____ Number of Dependents: _____

OTHER RELATIVES:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

FINANCIAL INFORMATION:

Do you own any real property? Yes _____ No _____ if yes, give details: _____
Do you have a bank or savings account? Yes _____ No _____ if yes, give details: _____
Are you receiving Welfare Aid? Yes _____ No _____ if yes, how much? _____
How many automobiles do you own? None 1 2 (Please circle)
Make _____ Model _____ Year _____
Employer Name: _____ Phone: _____ Monthly Wages: _____
Monthly Income from other Sources: _____

I declare under penalty of perjury that the foregoing is true and correct. I hereby authorize the release of all information by agencies and persons regarding my financial status to a representative of the Santa Clara County Medical Examiner-Coroners' Office. I agree to reimburse the County of Santa Clara, not to exceed the total cost to the County, any monies received from Social Security Death Benefits and/or sources for burial expense.

Signature: _____ Date: _____

Witness: _____ Date: _____

07/2005



County of Santa Clara

Medical Examiner-Coroner
850 Thornton Way
San Jose, California 95128-4702
(408) 793-1900 FAX 793-6759

To Whom It May Concern:

Our deceased family member is: _____

Date of Birth: _____ Date of Death: _____

Our family is not in the position to make funeral arrangements for the following reasons:

By signing this form, we acknowledge that the decedent will be subject to Indigent Disposition or similar arrangements

Nearest Kin _____ Date: _____

Name _____

Address _____

City, State _____

Zip Code _____

Phone: _____

Witness _____ Date: _____

Name _____

Address _____

City, State _____

Zip Code _____

Phone: _____



County of Santa Clara
Medical Examiner-Coroner
850 Thornton Way
San Jose, California 95128-4702
(408) 793-1900 FAX 793-6759

Death Certificate Statistics Worksheet

This information is gathered to complete the statistical information in the upper section of the decedent's Public Health Department death certificate. Please complete as much information as possible, and if there is not a known answer, please indicate "unknown."

Decedent's full name: Last, First, Middle

Any A.K.A.'s used:

State in which they were born:

Marital Status: (married, never married, divorced, widowed)

Education (highest level completed):

Was he/she ever in the U. S. Armed Forces? (yes, no, or unknown)

Which branch (Army, Navy, Marines, Merchant Marines), and dates of service:

Rank in Armed Forces:

Decedent's race (list up to four):

Was he/she of Spanish, Hispanic or Latino origin?

Usual occupation:

In what kind of business or industry (grocery, construction, government, private, etc):

How many years did he/she work in that occupation?

How many years did he live in Santa Clara County?

Name of Surviving Spouse, if one: (need maiden name)

Name of decedent's father: Last, First Middle

State or Country in which the decedent's father was born:

Name of decedent's mother: Last, First Middle (please write in mother's maiden name)

State or County in which the decedent's mother was born: