

**PALO PINTO COUNTY
APPLICATION FOR INDIGENT BURIAL ASSISTANCE**

The Palo Pinto County Policy for the Burial or Cremation of Paupers provides as follows:

“A person whose death occurs in this County may be certified as a pauper eligible for burial or cremation by the County under this policy if the County Judge determines, after reasonable investigation, that the estate of the decedent does not have any resources that may be used to pay for interment; and the decedent's family members cannot pay for interment because they do not have resources that may be used to pay for interment; or their identities or whereabouts are unknown.”

The information requested in the following form is necessary to determine eligibility under the County policy. It is not intended to cause embarrassment or to pry needlessly into your private affairs. Please be as detailed as possible in answering the questions. Giving false, misleading, or incomplete information on this form may result in delay or rejection of the application.

DECEASED NAME INFORMATION

Last:	First:
Date of Birth:	Date of Death:
Last known address:	COUNTY OF RESIDENCE (last 6 months)

List Below

Does the deceased currently have a Checking or Savings account to help with expenses?	Yes or No
<p>Please list and identify any of the following living relatives of the deceased below.</p> <p>(1) Person designated in a written instrument signed by the decedent (2) Decedent's surviving spouse (3) Decedent's surviving adult children (4) Decedent's surviving parents (5) Decedent's surviving adult siblings (6) Executors or administrators of the decedent's estate (7) Any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent.</p> <p style="text-align: center;">Name / Relationship</p> <p>1. _____</p> <p>2. _____</p>	<p>All listed relatives will be required to submit a financial report.</p> <p>For additional space you may attach paperwork to the back of application.</p> <p>(PLEASE USE NUMBERED LINES PROVIDED)</p>

3. _____	_____	
4. _____	_____	
5. _____	_____	

Applicant's Personal Information and Relation to deceased.

Name	
Phone /Cell Number	
Street Address	
City, State, Zip	
Mailing Address	
Rent or Own Home	
Total Income for Household	

	Employer Information
	If you are currently Unemployed and / or receiving any type of Financial Assistance. You may be asked to provide proof of assistance.
Name	
Street Address	
City, State, Zip	
Phone / Cell Phone	
Salary or Monthly Income	

I hereby solemnly swear that the foregoing information is true and correct. I solemnly swear that I am wholly destitute, that I do not have funds or means to pay for the funeral home services of the deceased family member. I further swear that the relatives listed above are also wholly destitute and none of them have funds or means to pay for the funeral home services of the deceased family member.

SIGNATURE OF APPLICANT

Date

FUNERAL HOME SECTION ONLY

INVESTIGATION OF RESOURCES / REFERRAL BY FUNERAL HOME

Before making a referral to the County for determination of pauper status the funeral home must first attempt to contact the decedent's family members and wait 72 hours for family members to respond to the funeral home's initial attempt. Investigate the resources available to the decedent's family members and investigate the resources available to the decedent's estate or family members.

1. Is the deceased a Veteran of the Armed Forces? YES or NO

If yes, please have the applicant contact Veteran's Administration Office and apply for burial benefits at 940-329-1497.

2. Contact Red Cross, for spouses and dependents of current members of the Armed Forces. YES or NO _____

3. Contact Social Security Administration for death benefits to spouse, dependent for burial expense? YES or NO. _____

4. Did the deceased have private insurance policies or have a designate a person in a written instrument to manage burial or cremation? YES or NO

If so, please list the person's name and whereabouts. _____

5. Is the deceased a candidate for Crime Victim's Compensation Fund? YES or NO

Any other information which may be of assistance in determining eligibility:

SIGNATURE OF INFORMANT

Date