



YOLO COUNTY SHERIFF'S OFFICE

140 TONY DIAZ DRIVE, WOODLAND, CA 95776

(530) 406-5137 – PUBLIC ADMINISTRATOR

Referral to Indigent Burial Program

This form is intended to be completed by facility staff member who is assuming responsibility for compliance with **Health and Safety Code Section 7104**.

Full Name of Referred _____ Sex _____

Date of Birth _____ Place of Birth _____

If referral is made after death please complete the two lines below:

Date of Death _____ Time of Death _____ Place of Death _____

Doctor signing Death Certificate _____ Doctor's Phone _____

Where is Body Stored _____ Phone _____

Residence address _____

Prior Residence address if currently in a facility _____

If in a facility, date admitted _____ Admitted from _____

Whom signed in the above individual _____

Relationship to the above individual _____

Contact information of person signing in the above Individual _____

Property held at the facility _____

Marital Status _____ Race _____

Employer _____ SSN _____

Driver's License/ID. No. and state issued _____

Military Service Yes ___ No ___ Branch of Service _____

Honorable Discharge Yes ___ No ___ Dates of Military Service _____

FINANCIAL

Source of Income _____ Patient Trust Balance _____

Does individual have a Representative Payee Yes ___ No ___

If so Who: _____ Address of Payee _____

Phone of Payee: _____

Medicare No.: _____ Medi-Cal No.: _____

Other Insurance (VA, Etc.) _____
Bank Name and Address _____
Bank Acct. Number _____
Other Property (house, cars, etc.) _____

Is There a Will Yes _____ No _____ Location of the Will _____
Is There a Power of Attorney Yes _____ No _____ Who has a copy of POA _____

NEXT OF KIN

List Identified Next of Kin:

Name	_____	Relationship	_____
Address	_____	Zip	_____ Phone _____
Name	_____	Relationship	_____
Address	_____	Zip	_____ Phone _____
Name	_____	Relationship	_____
Address	_____	Zip	_____ Phone _____

Person Making this Referral _____
(please include your name and title)

Address _____

I certify that I have made a diligent effort to locate the decedent's next of kin. I also certify that I have completed the form with the most current and accurate information available.

Date _____ Signed _____