



# YOLO COUNTY SHERIFF'S OFFICE

140 TONY DIAZ DRIVE, WOODLAND, CA 95776

(530) 668-5280 WWW.YOLOCOUNTYSHERIFF.COM

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## INDIGENT CREMATION PROGRAM

The Yolo County Indigent Cremation Program is designed to help families who, at this difficult time are financially unable to pay for a funeral. The county has chosen direct cremation without services simply to streamline the costs. The amount loaned is not to be considered as a supplement to funds already available to the family or decedent for funeral arrangements.

Upon approval applicants are limited to a total not to exceed:  
**\$545.50**

Please return the completed applications to the Yolo County Sheriff-Coroner-Public Administrator Office. **All applications must include proof of the applicant's income and most recent bank statement, if any.** Incomplete applications or applications without the attachments may not be considered.

If the applicant has received donations, if there is an insurance policy or any other benefits that would pay for the decedent's disposition. **DO NOT APPLY.** If the decedent is an infant, both parents must sign the cover sheet, sign the application and provide proof of income and residency or the application may be denied.

**THIS IS A LOAN. YOU ARE EXPECTED TO REPAY THE COUNTY OF YOLO PUBLIC ADMINISTRATOR UNTIL THE LOAN IS PAID IN FULL. IMMEDIATELY UPON APPROVAL, YOU WILL RECEIVE A LETTER ADVISING YOU OF THE AMOUNT OWED AND WHEN AND WHERE YOU SHOULD SEND YOUR PAYMENT. IF AFTER SIX MONTHS, NO PAYMENT IS RECEIVED BY THE COUNTY, YOUR ACCOUNT MAY BE TURNED OVER TO A COLLECTION AGENCY.**

Please mark the appropriate box for re-payment, which is most suitable for your needs:

\$50.00 per month until paid in full.

\$25.00 per month until paid in full.

\$10.00 per month until paid in full.

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APPLICANT'S NAME (PRINT)

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APPLICANT'S SIGNATURE

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CO-APPLICANT'S NAME (PRINT)

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CO-APPLICANT'S SIGNATURE

# APPLICATION FOR INDIGENT CREMATION

1. DECEDENT'S NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

DECEDENT'S ADDRESS \_\_\_\_\_  
\_\_\_\_\_

BIRTHDATE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ DOD \_\_\_\_\_

CAUSE OF DEATH \_\_\_\_\_ LOCATION OF REMAINS \_\_\_\_\_

MARITAL STATUS: MARRIED ( ) DIVORCED ( ) WIDOWED ( ) NEVER MARRIED ( )

DECEDENT WEIGHT \_\_\_\_\_

VETERAN: YES ( ) NO ( ) SERVICE/BRANCH \_\_\_\_\_ # \_\_\_\_\_

2. DECEDENT'S EMPLOYER \_\_\_\_\_ MONTHLY INCOME \_\_\_\_\_

OTHER SOURCE OF INCOME: \_\_\_\_\_ MONTHLY INCOME \_\_\_\_\_

(SOCIAL SECURITY, VA PENSION, EMPLOYMENT PENSIONS, DIVIDENDS, ANNUITY, ETC.)

NUMBER OF DEPENDENTS \_\_\_\_\_

3. SAVINGS: YES ( ) NO ( ) BALANCE \_\_\_\_\_ CHECKING: YES ( ) NO ( ) BALANCE \_\_\_\_\_

NAME OF BANK BRANCH \_\_\_\_\_ LOCATION \_\_\_\_\_

4. REAL PROPERTY:

OWN: YES ( ) NO ( ) MONTHLY PAYMENT \_\_\_\_\_ RENT: YES ( ) NO ( )

MONTHLY PAYMENT \_\_\_\_\_

LOCATION \_\_\_\_\_

(STREET, CITY, STATE, ZIP)

5. VEHICLES: YES ( ) NO ( ) LOCATION \_\_\_\_\_

REGISTRATION NO. \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

6. OTHER ASSETS: (CASH, CHECKS, ETC.)  
\_\_\_\_\_  
\_\_\_\_\_

7. LIFE INSURANCE: YES ( ) NO ( ) IF YES, NAME OF COMPANY \_\_\_\_\_

FACE VALUE \_\_\_\_\_ POLICY # \_\_\_\_\_

DECEDENT'S NAME \_\_\_\_\_

NEXT-OF-KIN  
PROOF OF INCOME MUST BE ATTACHED

1. APPLICANT'S NAME \_\_\_\_\_ RELATIONSHIP TO DECEDENT \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
( STREET) (CITY) (ST) (ZIP CODE)

CO-APPLICANT'S NAME \_\_\_\_\_ RELATIONSHIP TO DECEDENT \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
( STREET) (CITY) (ST) (ZIP CODE)

2. APPLICANT'S EMPLOYER \_\_\_\_\_ MONTHLY INCOME \_\_\_\_\_

OTHER SOURCE OF INCOME OR MEANS OF SUPPORT: MONTHLY INCOME \_\_\_\_\_

( SOCIAL SECURITY, VA PENSION, EMPLOYMENT PENSIONS, DIVIDENDS, ANNUITY, ETC.)

INCOME VERIFICATION \_\_\_\_\_  
MOST RECENT PAYSTUB; PROOF OF AFDC; BANK STATEMENT

NUMBER OF DEPENDENTS: \_\_\_\_\_

CO- APPLICANT'S EMPLOYER \_\_\_\_\_ MONTHLY INCOME \_\_\_\_\_

OTHER SOURCE OF INCOME OR MEANS OF SUPPORT: MONTHLY INCOME \_\_\_\_\_

( SOCIAL SECURITY, VA PENSION, EMPLOYMENT PENSIONS, DIVIDENDS, ANNUITY, ETC.)

INCOME VERIFICATION \_\_\_\_\_  
MOST RECENT PAYSTUB; PROOF OF AFDC; BANK STATEMENT

NUMBER OF DEPENDENTS: \_\_\_\_\_

3. APPLICANT'S SAVINGS: YES ( ) NO ( ) BALANCE \_\_\_\_\_ CHECKING: YES ( ) NO ( )  
BALANCE \_\_\_\_\_

NAME OF BANK BRANCH \_\_\_\_\_ LOCATION \_\_\_\_\_

DECEDENT'S NAME \_\_\_\_\_

SAVINGS ACCOUNT NO. \_\_\_\_\_ CHECKING ACCT NO. \_\_\_\_\_

4. APPLICANT'S REAL PROPERTY:

OWN: YES ( ) NO ( ) MONTHLY PAYMENT \_\_\_\_\_ RENT: YES ( ) NO ( ) MONTHLY PYMT \_\_\_\_\_

LOCATION: \_\_\_\_\_  
(STREET, CITY ST. ZIP)

MORTGAGE COMPANY \_\_\_\_\_ BALANCED OWED \_\_\_\_\_

APPROXIMATE VALUE \_\_\_\_\_

CO- APPLICANT'S REAL PROPERTY:

OWN: YES ( ) NO ( ) MONTHLY PAYMENT \_\_\_\_\_ RENT: YES ( ) NO ( ) MONTHLY PYMT \_\_\_\_\_

LOCATION: \_\_\_\_\_  
(STREET, CITY ST. ZIP)

MORTGAGE COMPANY \_\_\_\_\_ BALANCED OWED \_\_\_\_\_

APPROXIMATE VALUE \_\_\_\_\_

5. APPLICANT'S VEHICLES \_\_\_\_\_

MAKE/MODEL YEAR LICENSE NO.

CO-APPLICANT'S  
VEHICLES \_\_\_\_\_

MAKE/MODEL YEAR LICENSE NO.

6. ANY OTHER ASSETS: YES ( ) NO ( )

IF YES, EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

7. ANY ADDITIONAL NEXT OF KIN: YES ( ) NO ( ) IF YES, GIVE NAME AND RELATIONSHIP:

_____ NAME	_____ RELATIONSHIP
_____ NAME	_____ RELATIONSHIP
_____ NAME	_____ RELATIONSHIP
_____ NAME	_____ RELATIONSHIP