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.

__________________________________________  ______________________________________
APPLICANT'S NAME (PRINT)                   APPLICANT'S SIGNATURE

__________________________________________  ______________________________________
CO-APPLICANT'S NAME (PRINT)                 CO-APPLICANT'S SIGNATURE
APPLICATION FOR INDIGENT CREMATION

1. DECEDED’S NAME ______________________ SOCIAL SECURITY NUMBER __________

DECEDED’S ADDRESS ____________________________________________________________
____________________________________________________________________________

BIRTHDATE ______ PLACE OF BIRTH ___________________________ DOD ______________

CAUSE OF DEATH __________________________ LOCATION OF REMAINS __________

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

DECEDED WEIGHT ______

VETERAN: YES ( ) NO ( ) SERVICE/BRANCH ___________ # ______________

2. DECEDED’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 # _______________
DECEDED'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 ___________________
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 ____________________________
   ____________________________________________________________