

# Crosby Township

## Application for Indigent Burial Funds

Certain information contained in this application is a matter of public record subject to disclosure. Any false statement made or given in this application shall result in denial of payment as well as possible criminal prosecution under the Crosby Township Policies.

***To be completed by Deceased's Representative  
(Failure to answer all questions may be grounds for denial)***

Full Name of Deceased: \_\_\_\_\_

Last Known Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

### ***Decedent's Next-of-Kin Information***

1) Full Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2) Full Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. At the time of death, was the deceased a resident of Crosby Township? **Yes/No**

If yes, please provide proof of residency.

2. Did the deceased receive benefits from Job & Family Services such as Ohio Work First, Medicaid, Healthy Start, Food Stamps or any other programs? **Yes/No** If so, what program? \_\_\_\_\_

3. Who claimed the body of the deceased? Name: \_\_\_\_\_

Address: \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

4. Did the deceased have a patient care account at an extended care facility at the time of death? **Yes/No**  
If yes, what was the amount in the account? \_\_\_\_\_
5. Was the deceased a veteran? **Yes/No**      If yes, has or will someone be applying for burial funds? **Yes/No**
6. Will the body of the deceased be delivered for the purpose of medical or surgical study or dissection in accordance with Section 1713.34 of the Ohio Revised Code? **Yes/No**
7. Was the deceased receiving Social Security Benefits at the time of death? **Yes/No**
8. Is/was there any life insurance policies for the deceased person? **Yes/No**  
If yes, name of company? \_\_\_\_\_ Amount? \_\_\_\_\_
9. Did the deceased participate in any type of prepaid burial fund? **Yes/No**  
If yes, with whom? \_\_\_\_\_
10. Did the deceased or does the spouse of the deceased own real estate, automobiles or other property? **Yes/No**  
If yes, please list: \_\_\_\_\_  
\_\_\_\_\_
11. Did the deceased person have a checking or savings account at the time of death or within the last twelve (12) months prior to death? **Yes/No**  
If yes, please list name of financial institution: \_\_\_\_\_
12. Does the spouse of the deceased have a checking or savings account or did the spouse have a checking or savings account within the last twelve (12) months prior to this application? **Yes/No**  
If yes, please list name of financial institution: \_\_\_\_\_
13. Will the funeral home or the estate of the deceased be receiving benefits or donations from friends, family, coworkers, neighboring business, non-profit organizations or any other burial funds? **Yes/No**  
If yes, please list all sources: \_\_\_\_\_  
\_\_\_\_\_

**State of Ohio, Hamilton County, Crosby Township**

I, \_\_\_\_\_ (Representative for the Deceased Name – print), being duly sworn, deposes and says he or she is the individual making the foregoing application; and that the answers to the foregoing questions and other statements contained herein are true to the best of his/her knowledge.

Deceased Representative's Signature: \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary or Agent: \_\_\_\_\_

**To be completed by Funeral Home Representative**

Name of Funeral Home: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Federal ID # \_\_\_\_\_

*The application must be submitted within thirty (30) days from the date of death.*

*You must include a copy of the death certificate, an itemized statement of the burial expenses for the deceased and a copy of the obituary, if any, along with this application.*

**Note: Crosby Township, Burial of Indigent shall not exceed \$750 and shall include crematory charges and grave marker/monument less the amount of any contributions, insurance or property, real or personal, or of any other thing of value with may be applied toward the burial expenses. Accepting any additional payment for burial expenses not disclosed will be grounds for prosecution.**

I, \_\_\_\_\_, acknowledge that I have read and understand by signing below agree to comply with all requirements set forth therein.

**State of Ohio, Hamilton County, Crosby Township**

I, \_\_\_\_\_ (Funeral Home Applicant – print), being duly sworn, deposes and says he or she is the individual making the foregoing application; and that the answers to the foregoing questions and other statements contained herein are true to the best of his/her knowledge.

Funeral Home Applicant Signature: \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary or Agent: \_\_\_\_\_

**For Office Use Only**

Approved/Denied (Circle One)

Date: \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_

Trustees Signatures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_