LINCOLN COUNTY

APPLICATION FOR INDIGENT CREMATION

SECTION #1

Full Name of Deceased_____ Male ☐ Female ☐

DOB _____ Date of Death_____ Age at time of death _____

Race _____ Social Security # _____

Address where death occurred:

Physical Address _____

City/State/Zip _____

County _____

Address of deceased:

Address _____

City/State/Zip _____

County _____

Did the deceased reside in a nursing home? Yes ☐ No ☐

If yes, what was the amount in their personal spending account or trust fund after all expenses were paid at the nursing home?

Amount $ _____

Nursing Home_____

Address_____

FOR YOUR INFORMATION:

In the State of Oklahoma, much of the law regarding duties related to making arrangements for the final disposition of a decedent are in Oklahoma Statute 21. Statute 21 specifies that if the responsible party fails to make arrangements within a reasonable time and the funeral director must proceed without those arrangements having been made, the responsible party is guilty of a misdemeanor, and is liable to pay triple the expenses incurred. Arrangements for final disposition are intended to be made by the following (in order of legal standing, and specifying individuals 18 years of age or older and of sound mind) For these purposes, a person with the designation of "half-"is equal to a full blood relative: (example: half-siblings and full siblings.)

Please check the relationship of the person making application:

Herein are listed the first 7 degrees of relationship.

☐ Self, by the decedent, if there is a pre-arranged agreement/contract for funeral services, followed by the following.

☐ Representative appointed by the decedent by means of an executed and witnessed written document.

☐ Spouse (including common law spouse)

☐ Child or children

☐ Parent(s)

☐ Sibling (including half-siblings)

☐ Guardian at time of death

☐ Other - List Degree of Kinship _____

☐ None of the above - *In the absence of any person of kindship, the law also allows for "any other person willing to assume the responsibilities to act and arrange the final disposition of the remains of the decedent—"*

If you are taking charge in the absence of kinship, you are attesting that it is your belief there are no relatives available who are willing or able to claim the decedent and are authorizing the county and the funeral home to proceed in this matter.

Signature_____ Date_____

You are requesting, by completing this application, Lincoln County taxpayers to take financial responsibility for the final arrangements of the deceased. The information you provide on the application must be complete and true to the best of your knowledge**. False representation or failure to provide complete information to obtain services and benefits makes you, the applicant, subject to prosecution for perjury and/or fraud.** If found guilty, may result in prosecution, and if prosecuted, can result in a fine and/or imprisonment at the discretion of the Court. It is your responsibility to provide accurate current information on this application as well as any documents required by the funeral home or the County. If Lincoln County ultimately provides assistance for the deceased, payment will be made by the taxpayers of Lincoln County. With respect for those taxpayers, this application form will help you to examine many other avenues through which you might be able to secure the funds and provide for final arrangements for your relative. Will you agree to pursue all other possible avenues including the resources of yourself and other family members to take care of the final disposition of your relative? Yes ☐ No ☐

How many copies of the death certificates are you requesting from the funeral home? _____

Please give specific purposes for each certificate requested.

_____ _____

_____ _____

REMAINING SECTIONS 2 & 3

The next section 2 requests information concerning how the deceased supported himself/herself.

The final section of the application gathers information about the person requesting cremation assistance from the County.

The last page of the application is the applicant statement and notary section. Please be sure to have the application notarized. There will not be a notary provided nor will the application be considered without the notarized statement.

NOTE: The Resolution, policy and application form was approved by the Lincoln County Assistant District Attorney on September 3, 2019.

Return the completed application to:

Lincoln County Commissioners
8ll Manvel Avenue Suite 4
Chandler, Oklahoma 74834

LINCOLN COUNTY INDIGENT POLICY FOR CREMATION

Lincoln County has the responsibility to take care of the remains of an indigent person who was a resident and died in the county as stated in the Oklahoma Statutes. The following policy and application process has been adopted by the Board of County Commissioners to fulfill that requirement.

All family members are encouraged to visit with the funeral home who has custody of your loved one to make monetary and funeral arrangements. Many of the funeral homes within Lincoln County will work with family members on a payment plan for either cremation, with remains to be given to the family, or a funeral service & burial.

1. The definition of an indigent person has many meanings, basically penniless, & without any assets of any kind, unable to provide for themselves necessities of life, food, clothing, & shelter.
2. An application process has been adopted by the Board of County Commissioners to be filed by the next of kin to determine if the person was an indigent.
3. Cremation and disposal of remains (ashes) will be at the expense of the County for an indigent person who was living in Lincoln County and who died in Lincoln County.
4. In the absence of an application by next of kin, Lincoln County will make every effort to find a family member of the deceased. The County will give them the opportunity to take care of their loved one. In doing so, the County will also research any assets that might belong to the deceased including but not limited to, property, insurance policies, retirement accounts, Social Security death benefit, etc.
5. Any assets listed on an application or found in the Counties research are subject to a lien upon the asset by Lincoln County to recover cremation costs to the County.
6. Lincoln County will not make payment to any Funeral Home or Cremation Facility outside of Lincoln County.
7. Lincoln County reserves the right to negotiate the price of cremation with any Funeral Home or Cremation Facility within the County.

APPLICANT STATEMENT & NOTARY

I _____ as next of kin or applicant, am requesting Lincoln County to cremate the remains of _____ at the county tax payers expense and further state the deceased has no assets other than those listed. I further understand I, nor any relative have any rights to the remains of the deceased after cremation. I also understand assets may become the property of the County or be subject to a lien to recover cremation costs, if the County approves the application. I understand that a false statement or false representation made by me for the purpose of obtaining services and all benefits and goods from this agency makes me subject to prosecution for perjury and/or fraud and if found guilty may result in prosecution and if prosecuted, can result in a fine and/or imprisonment at the discretion of the Court as declared and approved by the Board of County Commissioners

_____

Signed this ____ day of _____, 20____

OKLAHOMA INDIVIDUAL ACKNOWLEDGEMENT FORM

STATE OF OKLAHOMA

COUNTY OF _____

Before me, the undersigned, a Notary Public in and for said County and State on this _____ day of _____, 20_____, personally appeared _____

to me known to be the identical person__ who executed the within and foregoing instrument and acknowledged to me that _____executed the same as _____free and voluntary act and deed for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

Commission Expires _____ _____

Notary Public (SEAL)

SECTION II

COMPLETE THE FORM IN ITS ENTIRETY, HAVE THE FINAL PAGE NOTARIZED AND RETURN IT TO THE COUNTY ADDRESS.

Was the deceased employed at the time of death? Yes ☐ No ☐

If yes, employer _____

If no, describe how the deceased supported himself/herself _____

_____

How long did the decedent work there? _____ Type of work? _____

Monthly Income from employment _____

Please provide the following information regarding the deceased

Asset Type			**Location**	**Value**
Checking Account	☐ Yes	☐No	_____	_____
Savings Account	☐ Yes	☐No	_____	_____
Nursing Home	☐ Yes	☐No	_____	_____
Annuity	☐ Yes	☐No	_____	_____
Life Insurance	☐ Yes	☐No	_____	_____
Burial Funds	☐ Yes	☐No	_____	_____
VA Benefit	☐ Yes	☐No	_____	_____
S.S. Benefit	☐ Yes	☐No	_____	_____
Trusts	☐ Yes	☐No	_____	_____
Stocks	☐ Yes	☐No	_____	_____
Bonds	☐ Yes	☐No	_____	_____
Other Securities	☐ Yes	☐No	_____	_____
Real Estate	☐ Yes	☐No	_____	_____
Cash on Hand	☐ Yes	☐No	_____	_____
Vehicles	☐ Yes	☐No	_____	_____
Misc. Personal Prop	☐ Yes	☐No	_____	_____
Food Stamps	☐ Yes	☐No	_____	_____
Housing Assistance	☐ Yes	☐No	_____	_____
Other Public Aid	☐ Yes	☐No	_____	_____

Did the deceased belong to any American Indian Tribe? Yes ☐ No ☐

Did the deceased receive any tribal benefits? Yes ☐ No ☐

Was the deceased a veteran? Yes ☐ No ☐ *If yes, read the following information carefully.*

Burial benefits available for Veterans buried in a private cemetery include a government headstone or marker, a burial flag, and a Presidential Memorial Certificate at no cost to the family. In certain circumstances, some veterans may also be eligible for Burial Allowances. A Burial Allowance is available from the Veterans Benefits Administration. VA burial allowances are partial reimbursements of an eligible veteran's burial and funeral costs. When the cause of death is not service related, the reimbursements are generally described as two payments

(1.) a burial and funeral expense allowance, and

(2.) a plot or interment allowance.

The decedent may be eligible for a VA burial allowance if:

1. Decedent paid for a veteran's burial or funeral, AND
2. Decedent has not been reimbursed by another government agency or some other source, such as the deceased veteran's employer, AND
3. Decedent, as a veteran, was discharged under conditions other than dishonorable.

In addition, at lease one of the following conditions must be met:

1. The deceased veteran died because of a service-related disability OR
2. The deceased veteran was receiving VA pension or compensation at the time of death OR
3. The deceased veteran was receiving VA pension or compensation at the time of death, OR
4. The deceased veteran was entitled to receive VA pension or compensation, but decided not to reduce his/her military retirement or disability pay, OR
5. The deceased veteran died while hospitalized by VA, or while receiving care under VA contract at a non-VA facility, OR
6. The deceased veteran died while traveling under proper authorization and at VA expense to or from a specified place for the purpose of examination, treatment, or care OR
7. The deceased veteran had an original or reopened claim pending at the time of death and has been found entitled to compensation or pension from a date prior to the date or death OR
8. The deceased veteran died on or after October 9, 1996, while a patient at a VA-approved state nursing home.

VA Payment Amounts

Service-related Death up to $2000.00 toward burial expenses if the veteran is buried in a VA national cemetery, some of the cost of transporting the deceased may be reimbursed.

Non-service-Related Death, up to $300.00 toward burial and funeral expenses and a $300.00 plot-interment allowance if the death happened while the veteran was in a VA hospital or under VA contracted nursing home care, some or all cost for transporting t veteran's remains may be reimbursed.

As a veteran, is the decedent potentially eligible for any of the assistance described above? Yes ☐ No ☐ Not Sure ☐

Are you aware of ANY pre-arrangements the decedent might have made with any funeral home, even if those arrangements were not fully paid for? Yes ☐ No ☐

If yes, please provide whatever information you can about this. _____

_____

Was the deceased a victim of a crime: Yes ☐ No ☐

If yes, has application been made through the Victims Compensation Program? The purpose of the Crime Victims Compensation Act is to provide a method of compensation for victims of violent crime. All funds come from federal and state offenders through fines and penalty assessments. An arrest of the offender does NOT have to take place to be eligible to file a claim. Up to $6,000.00 may be reimbursed for expenses related to the funeral, cremation, or burial of a deceased victim.

Application has been made ☐ Application has NOT been made ☐

Please provide pertinent information below:

_____

_____

Was the death in any way related to a Worker's Compensation situation? Yes ☐ No ☐ *If yes, there may be a death benefit that needs to be pursued.*

Did the decedent have life insurance? Yes ☐ No ☐

If yes, what amount? _____

Policy Type _____

Insurance Carrier _____

Insurance Agent _____

Agent Phone# _____

Beneficiary _____

If the beneficiary is someone other than yourself, what is the relationship of the beneficiary to the decedent? Please provide the following information about the beneficiary:

Address _____

City/State/Zip _____

Phone # _____

Email address _____

Was the decedent at any time a schoolteacher or other classified personnel as defined in title 70 of the Oklahoma Statutes which includes teachers and the certified employees of common schools, faculty and administrators in public colleges and universities and administrative personnel of state education boards and agencies? Yes ☐ No ☐ *If yes, there may be a significant death benefit and possibly some survivor's benefits that need to be pursued prior to requesting assistance.*

Was the decedent at any time a public employee, federal, state or local government? This includes any work as a firefighter, police officer etc. Yes ☐ No ☐ *If yes, there may be a death benefit and possibly some survivor's benefits that need to be pursued prior to requesting county assistance.*

SECTION III

This section of the application gathers information about you, the person requesting assistance from the county:

Are you employed? Yes ☐ No ☐ If yes, where _____ How long?_____ Monthly net income _____

Other sources of income – Please provide financial information for the last two months. This includes but is not limited to bank statements, DHS Benefit statements, housing assistance, etc.

Asset Type			**Location**	**Value**
Checking Account	☐ Yes	☐No	_____	_____
Savings Account	☐ Yes	☐No	_____	_____
Nursing Home	☐ Yes	☐No	_____	_____
Annuity	☐ Yes	☐No	_____	_____
Life Insurance	☐ Yes	☐No	_____	_____
Burial Funds	☐ Yes	☐No	_____	_____
VA Benefit	☐ Yes	☐No	_____	_____
S.S. Benefit	☐ Yes	☐No	_____	_____
Trusts	☐ Yes	☐No	_____	_____
Stocks	☐ Yes	☐No	_____	_____
Bonds	☐ Yes	☐No	_____	_____
Other Securities	☐ Yes	☐No	_____	_____
Real Estate	☐ Yes	☐No	_____	_____
Cash on Hand	☐ Yes	☐No	_____	_____
Vehicles	☐ Yes	☐No	_____	_____
Misc. Personal Prop	☐ Yes	☐No	_____	_____
Food Stamps	☐ Yes	☐No	_____	_____
Housing Assistance	☐ Yes	☐No	_____	_____
Other Public Aid	☐ Yes	☐No	_____	_____

What figure has the funeral director provided to you as <u>the minimum cost for the minimum cremation service legally required</u>? _____

In consideration of all the relations of the decedent, can all of you, in combination with any other resources available to you and to those on the list compile sufficient funds to pay this amount? Yes ☐ No ☐ *If you answered yes, you are stating that you ARE able to acquire the funds but are nonetheless asking the county taxpayers to take charge financially in this case.* Please explain why county assistance is being requested. _____

Are there any other potential avenues including the resources of yourself and other family members, to take care of the provisions for the final disposition of your relative? Yes ☐ No ☐

Do you understand that if the county provides assistance in this case, the funeral home will provide only the minimally required services? Yes ☐ No ☐

The county does not provide supplemental or partial payment for services. With this application you are stating that you will not be making any other payment in this case. You are to make NO payment whatsoever regarding the final disposition of the decedent? Yes ☐ No ☐