



CITY OF CHARDON
Application For Indigent Burial Funds
(Please Print Clearly)

111 Water Street
Chardon, OH 44024
Phone: 440-286-2600
www.chardon.cc

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 criminal prosecution under R.C.C. 525.02.

Page 1 through 5 to be completed by deceased's representative (applicant).

DECEASED/INDIGENT PERSON INFORMATION

Name of Deceased: _____ **Date of Birth:** _____
First Middle Last

Last Known Address: _____
Street City State Zip Code

Social Security Number: _____ **Sex:** _____ **Race:** _____

Date of Death: _____ **Place of Death:** _____

DECENDENT'S NEXT-OF-KIN INFORMATION

1) Full Name: _____ **Relationship to Deceased:** _____

Address: _____
Street City State Zip Code

Phone Number: _____ **Email:** _____

2) Full Name: _____ **Relationship to Deceased:** _____

Address: _____
Street City State Zip Code

Phone Number: _____ **Email:** _____



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NOTE: City of Chardon policy regarding O.R.C. 9.15: Burial of Indigents shall not exceed and shall include actual cemetery charges, crematory charges and/or actual funeral home charges, less the amount of any contributions, insurance or property, real or personal, social security death benefits, or any other thing of value which may be applied toward the burial expenses.

Failure to answer all questions may be grounds for denial.

At the time of death, was the deceased a resident of the City of Chardon? Yes No

Did the deceased receive benefits from Job & Family services such as:

Ohio Work First Medicaid Healthy State Food Stamps

Local, State or Benefit Program Other – Please explain: _____

Who claimed the body of the deceased?

Name: _____ Date of Claim: _____

Address: _____

Location: _____

Did the deceased have a court appointed guardian? Yes No

If yes, please list the name and address of the legal guardian: _____

Did the deceased have a patient care account at an extended care facility at the time of death?
 Yes No

If yes, who will request the balance of the patient care account? _____

Was the deceased a veteran? Yes No

If yes, please list the name and address of who will apply for burial funds/death benefits. _____



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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

Was the deceased receiving Social Security benefits AND did the deceased have a surviving spouse at the time of death? Yes No (If so, the amount paid will be reduced by \$225.00.)

Is/was there any life insurance policies for the deceased person? Yes No

If yes, what is the amount of the death benefit? _____

Did the deceased participate in any type of pre-paid burial fund? Yes No

If yes, with whom? _____

Did the deceased or does the spouse of the deceased own real estate or personal property such as:

Jewelry Car Furniture Appliances Other Household Goods

If yes to any, please give the approximate values.

Jewelry \$ _____ Car \$ _____ Furniture \$ _____

Appliances \$ _____ Other \$ _____



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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 the name(s) of the financial institution(s): _____

Does the spouse of the deceased have a checking or savings account or did the spouse have a checking or savings account at any time during the last twelve (12) months prior to this application?

Yes No

If yes, please list the name(s) of the financial institution(s): _____

Will the funeral home, the estate of the deceased or family, receive benefits or donations for the funeral and/or burial, from any of the following:

- Friends Family Neighboring Business Non-Profit Organizations
 Social Security Death Benefit VA Death Benefit

SIGNATURE MUST BE NOTARIZED

STATE OF OHIO, COUNTY OF GEAUGA

_____, being duly sworn, deposes and states that I am the
Applicant Name – Print

person making the foregoing application; and that the answers to the questions and the statements contained herein are true to the best of my knowledge and belief.

Applicant Signature

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



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FUNERAL DIRECTOR'S INFORMATION

To be completed by Funeral Home Representative.

Date: _____ Applicant Name: _____

Name of Funeral Home: _____

Address of Funeral Home: _____

Funeral Home Phone Number: _____

Federal Tax I.D. Number: _____

FUNERAL DIRECTOR'S STATEMENT

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.

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I, _____, acknowledge that I have read and understand the City of Chardon Indigent Burial Policy and by signing below agree to comply with all requirements set forth therein.

SIGNATURE MUST BE NOTARIZED

STATE OF OHIO, COUNTY OF GEAUGA

_____, being duly sworn, deposes and states that I am the
Funeral Home Applicant Name – Print

person making the foregoing application; and that the answers to the questions and the statements contained herein are true to the best of my knowledge and belief.

Funeral Home Applicant Signature

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

Notary