



## APPLICATION FOR INDIGENT CREMATION

### **THIS FORM MUST BE COMPLETED BY A FAMILY MEMBER, IF KNOWN**

Submit completed application to Jackson County Courthouse, Executive Office 415 E. 12<sup>th</sup> St, 2<sup>nd</sup> Flr.  
KCMO. 64106 | fax to: 816-881-3133 | or email to: indigentburial@jacksongov.org

### 1. **INFORMATION REGARDING DECEASED**

Name \_\_\_\_\_ Address \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Social Security # \_\_\_\_\_

Where Death Occurred \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow(er) \_\_\_\_\_ # of Children: \_\_\_\_\_

Relation \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Location of the Body: \_\_\_\_\_

### 2. **DECEDENT'S SOURCE OF INCOME**

Type of Income/Employer \_\_\_\_\_ Amount per month \_\_\_\_\_  
(Specify type of income e.g. SSI, Social Security, Pension, Welfare, etc.)

Bank \_\_\_\_\_  
Name Account Number Amount

Insurance \_\_\_\_\_  
Name Account Number Amount

### 3. **DECEDENT'S ASSETS**

Real Estate \_\_\_\_\_  
Address Value

Stocks/Bonds/Securities \_\_\_\_\_  
Identify Amount

Vehicle \_\_\_\_\_  
Identify Value

### 4. **APPLICANT'S INFORMATION**

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

