



## Cherokee Marshal's Office

### Indigent Burial/Cremation Assistance Application

Applicant's Information	
Applicant/Funeral Home	Date
Address	
Phone	Email Address
Contact Person	

Deceased Information				
Name				Date
Date of Birth		Social Security Number		
Receiving Veteran's Benefits (National Cemetery) <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim of a Crime (Victim/Witness) <input type="checkbox"/> Yes <input type="checkbox"/> No	State Inmate (Dept. of Corrections) <input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance (more than \$500.00) <input type="checkbox"/> Yes <input type="checkbox"/> No	County where the death occurred: _____
Weekly Income	Bi-Weekly Income	Monthly Income	Yearly Income	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married				
If married, the spouse's name:				
Spouse's Employer (if applicable)				
Spouse's Weekly Income	Spouse's Bi-Weekly Income	Spouse's Monthly Income	Spouse's Yearly Income	

Other Immediate Family of the Deceased				
Name		Age		Relation
Name		Age		Relation
Name		Age		Relation
Name		Age		Relation
Parent's Weekly Income	Parent's Bi-Weekly Income	Parent's Monthly Income	Parent's Yearly Income	
Parent's Weekly Income	Parent's Bi-Weekly Income	Parent's Monthly Income	Parent's Yearly Income	
Children's Weekly Income	Children's Bi-Weekly Income	Children's Monthly Income	Children's Yearly Income	
Children's Weekly Income	Children's Bi-Weekly Income	Children's Monthly Income	Children's Yearly Income	
Children's Weekly Income	Children's Bi-Weekly Income	Children's Monthly Income	Children's Yearly Income	
Other Income/Benefits:	SSI:	Social Security:	Veteran's Benefits:	Worker's Comp:

Assets or Property of the Deceased			
Cash:	Savings Accounts:	Checking Accounts:	Stock/Bonds:
Certificates of Deposit:	Equity in Real Estate:	Equity in other Tangible Properties:	Jewelry (value):

Motor Vehicles			
Year	Make	Model	Value
Year	Make	Model	Value
Year	Make	Model	Value
Year	Make	Model	Value

**OFFICE USE ONLY**

**Eligible**

Yes

No

**Verification Completed by:**

Deputy Marshal:

Date:

**Reviewed/Approved by:**

Chief Marshal/Designee:

Date:

**Approved for Payment in the Amount of:**

Coroner/Designee:

Date:

Amount:

Paid to:

\$750 Cremation

\$1,000 Burial

Paid by County Manager/Designee:

Date: