

**MOBILE COUNTY COMMISSION**  
**APPLICATION FOR INDIGENT BURIAL**

DATE: \_\_\_\_\_

APP. TAKEN BY: \_\_\_\_\_

**DECEASED:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Own       Rent      Monthly Payment or Rent: \$ \_\_\_\_\_

Passed Away at: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Social Security # \_\_\_\_\_ Veteran (check one)  Yes  No

Marital Status: (Check one)  Married  Never Married  Divorced  Widowed

Name of Spouse: \_\_\_\_\_

Sex: (check one)  Male  Female      (check one)  Child  Adult

National Origin: (check one)  Black  White  Hispanic  Asian  Other

Religious Preference:  Protestant  Catholic  Jewish  Muslim

Eastern Orthodox  Other  None

Location of Deceased: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**NEXT OF KIN:**

1<sup>st</sup> Next of Kin: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Name of Employer: \_\_\_\_\_

2<sup>nd</sup> Next of Kin: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Occupation: N/A Monthly Income: \$ \_\_\_\_\_

Name of Employer: \_\_\_\_\_

3<sup>rd</sup> Next of Kin: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Name of Employer: \_\_\_\_\_

4<sup>th</sup> Next of Kin: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Name of Employer: \_\_\_\_\_

**REQUESTER/CALLER:**

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

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Deceased: \_\_\_\_\_ Referred by: \_\_\_\_\_

**DECEDENT'S INCOME/RESOURCES:**

Income/Resources	Amount
Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSI <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
SSDI <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
VA Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Decedent's Occupation: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Other Source of Income: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_  
 Unemployment: \$ \_\_\_\_\_ Retirement: \$ \_\_\_\_\_

**ASSETS OF THE DECEASED:**

Financial Assets	Agency Name and Address	Amount
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Safe Deposit Box <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
IRA/CD <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Stocks, Bonds, Mutual Funds, Annuities, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Credit Union Acct. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Cash on hand		\$
Life Insurance/ Burial Policy <input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Real & Personal Property/Assets	Market Value	Balance Owed	Equity
Mobile Home (Year/Model):			
Real Estate Properties:			
Vehicles (Year, Make & Model): 1. 2.			
Recreational Vehicles: (Campers, trailers, boats, ATV, etc.)			
Burial Plot(s)			
Other Assets			

\*\* Proof of income of the next of kin must be attached. Furnish this office with latest pay stub or last year's federal income tax return (1040) and the most recent bank statement. **An incomplete application will be denied.**

**ASSETS OF NEXT OF KIN: (Separate sheet needed for each member of family.)**

Financial Assets	Agency Name and Address	Amount
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Safe Deposit Box <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
IRA/CD <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Stocks, Bonds, Mutual Funds, Annuities, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Credit Union Acct. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Cash on hand		\$
Life Insurance/ Burial Policy <input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Real & Personal Property/Assets	Market Value	Balance Owed	Equity
Mobile Home (Year/Model):			
Real Estate Properties:			
Vehicles (Year, Make & Model): 1. 2.			
Recreational Vehicles: (Campers, trailers, boats, ATV, etc.)			
Burial Plot(s)			
Other Assets			

\*\* Proof of income of the next of kin must be attached. Furnish this office with latest pay stub, last three month's bank statements, and last year's federal income tax return (1040) as well as a government-issued identification, such as a driver's license. **An incomplete application will be denied.**

**FOR OFFICE USE ONLY**

**APPLICATION FOR PAYMENT OF Check One:**

- BURIAL  
 CREMATION

**EXPENSES OF \_\_\_\_\_ (DECEASED) HAS BEEN APPROVED/DISAPPROVED**

**BY \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.**

In the provision of indigent burial services the Mobile County Commission does not discriminate on the basis of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status or any other characteristic protected under applicable federal or state law.