

# **BOONE COUNTY INDIGENT CREMATION ASSISTANCE PROGRAM RULES AND REGULATIONS**

In the event family or friends cannot meet the financial requirements to dispense with the remains of a loved one, the Boone County Fiscal Court offers an Indigent Cremation Assistance Program. Family members or friends of the deceased, who accept financial responsibility for dispensing with the remains, may apply for financial assistance of up to \$500 towards the cremation costs of their loved ones, if the deceased died in Boone County, Kentucky.

To qualify, the deceased, or his/her estate, must possess no assets of any nature which can be used or sold to pay for the cremation. If such assets are later identified, the Boone County Fiscal Court, through the Boone County Attorney, reserves the right to recover any such financial assistance paid by the County.

The responsible party may choose any licensed funeral home or crematorium in Boone County and payment will be made directly to the vendor after application approval has been granted and an invoice is received. No visitation, grave marker or additional services at the funeral home or cemetery are available.

# **INDIGENT CREMATION ASSISTANCE PROGRAM APPLICATION**

Person requesting assistance: \_\_\_\_\_  
Address and phone no. \_\_\_\_\_  
Relation to deceased: \_\_\_\_\_

## **Information re: Deceased**

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Address: \_\_\_\_\_

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Date of Death	Location of Death	Cause of Death
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## **Family Information (include phone nos.)**

Father: \_\_\_\_\_  
Mother (maiden name): \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Children: \_\_\_\_\_

## **Assets and Sources of Income - Deceased**

**Provide copy of current bank statement.**

Place of Employment w/ phone number: \_\_\_\_\_  
Salary/Wages: \_\_\_\_\_

Insurance: \_\_\_\_\_

Social Security: \_\_\_\_\_

Cash: \_\_\_\_\_

Bank Accounts (checking/savings): \_\_\_\_\_  
Name of Bank(s): \_\_\_\_\_

Personal Property: \_\_\_\_\_

Veteran (VA benefits): \_\_\_\_\_

Residence (own or rent): \_\_\_\_\_  
Appraised Value (from PVA): \_\_\_\_\_

Other real estate (location): \_\_\_\_\_

Vehicle (make/model/year): \_\_\_\_\_

**INDIGENT CREMATION ASSISTANCE PROGRAM APPLICATION**

I, \_\_\_\_\_, a family member or friend, to \_\_\_\_\_, the deceased, accept financial responsibility to dispense with the deceased's remains, seek to have those remains cremated, and do hereby certify that I have no knowledge of any assets, except what is disclosed in the application submitted herewith, that are available to pay the costs of the cremation of the deceased. If any such assets are later identified, I agree to fully cooperate with the Boone County Fiscal Court ("Boone County") to recover all sums paid by Boone County for the full cost of the cremation.

My preferred cremation service provider is \_\_\_\_\_, located at \_\_\_\_\_ . I agree to relinquish the remains of the deceased to that service provider. I acknowledge there will be no visitation, grave marker or additional services at the funeral home.

I hereby authorize the Boone County Human Services Department to collect and share information with necessary organizations and individuals regarding my request for assistance and certify that all information is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**SUBSCRIBED AND SWORN TO** before me, a Notary Public,

By \_\_\_\_\_, this the \_\_\_\_\_

Day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

**December 2015**