

## APPLICATION FOR DISPOSITION OF BODY OF DECEASED PAUPERS

The Victoria County Policy for the Disposition of the body of Deceased Paupers provides as follows:

A person whose death occurs in Victoria County may be certified as a pauper eligible for burial or cremation by the county under this policy if the county judge determines, after reasonable investigation, that:

- 1) The estate of the decedent does not have any resources that may be used to pay for disposition; and
- 2) The decedent's next of kin cannot pay for disposition because:
  - a. They do not have resources or are unwilling to pay for disposition; or
  - b. Their identities or whereabouts are unknown.

Victoria County's customary method of disposition of the body of the deceased pauper will be cremation. The funeral home is responsible for obtaining the required authorizations for cremation. The cremation shall conform with all applicable state and federal regulations, including regulation (8) regarding arrangements made between next of kin and contracted funeral homes.

If the customary method of disposition conflicts with the religious affiliation of the deceased pauper; or if the deceased pauper is unknown; or if the next of kin identities and whereabouts are unknown, the method of disposition may be a burial. County burial includes embalming, generic casket, transportation to cemetery, outer burial container, and interment in the pauper section at Telferner Cemetery. No visitation, grave marker, or additional services at the funeral home or Telferner Cemetery are included

The information requested in the following form is necessary to determine eligibility under the County policy. It is not intended to cause embarrassment or to pry needlessly into your private affairs. Please be as detailed as possible in answering the questions. Giving false, misleading, or incomplete information on this form may result in delay or rejection of the application.

Next of Kin is defined as an individual in accordance with §711.002 of the Texas Health and Safety Code.

The following required documentation <u>must</u> accompany the application:

- Driver's License or Picture ID for the deceased and for the next of kin applicant
- Proof of Income: Checkbook or Bank Statement of the deceased for thirty (30) days prior to the death and for all adult next of kin living in the household of the deceased
- Pay Stubs, SSI or Social Security Statement of the deceased, if applicable
- Pension Fund Statement of current or past employment, if applicable
- Rest Home Statement of Funds being held for the deceased's account, if applicable
- Veteran service information, (such as DD214) if applicable

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## INFORMATION OF APPLICANT Name of Applicant: Address of Applicant: Relationship to Deceased: Phone Number: Email Address: INFORMATION OF DECEASED Deceased's Name: Deceased's Address: Marital Status: Date of Birth: Social Security Number: Date of Death: Place of Death: Total monthly income at time of death, including all sources of income and any cash on hand or in bank accounts: Employment Status at time of death: Did the deceased have any religious affiliations that would forbid cremation? Yes $\square$ No $\square$ If so, what religion? Are any Veterans benefits or Social Security benefits available to the next of kin? Veteran Benefits? SS Benefits? Does the deceased (if a minor, do parents/guardians) own any property? If so, provide info. Does the deceased (if a minor, do parents/guardians) own a vehicle? If so, provide info. Are there any life insurance benefits available? If so, provide info.

Have any donations bee	n given or fundraiser/benefits held? If so, what funds were raised?
Who is responsible for 1	managing the decedents' estate? Provide name and contact.
INFORMATION OF	NEXT OF KIN
	g next of kin and provide address and any other contact information mbers, email address, etc)
Spouse:	
Adult Children:	- CONTROL - CONT
Parents:	ANTE OF SA
Siblings:	
Other:	ALL ALLES WINNERS
	APPLICANT OATH STATEMENT
esources to bury him/he ay for the interment ser ictoria County Policy : amily/next of kin or oth he event any funds beco	, applicant, hereby solemnly swear that the foregoing orrect to the best of my knowledge. That the deceased, does not have any reelf and that none of the deceased next of kin, have funds nor means to vices of the deceased. I further attest that I have read and understand the for Disposition of body of Deceased Paupers, including the policy that ers may not pay for additional services. I understand and agree that in me available in the future, I will reimburse Victoria County the expense arrangements provided for the aforementioned deceased.
Signature	Date

## STATE OF TEXAS COUNTY OF \_\_\_\_\_ Before me on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this day of , (Personalized Seal) **Notary Public's Signature FUNERAL HOME INFORMATION** Name of Funeral Home: Phone Number: Contact Person: Contact Email and Fax: I, \_\_\_\_\_\_, representative of \_\_\_\_\_ \_\_\_\_\_, do attest that I have completed an investigation of resources available to the aforementioned decedent and next of kin, and do hereby make formal referral of request for determination of pauper status.

PLEASE FORWARD COMPLETED APPLICATION AND ANY SUPPORTING DOCUMENTS TO THE VICTORIA COUNTY JUDGE'S OFFICE VIA EMAIL TO <a href="mailto:info@vctx.org">info@vctx.org</a> OR FAX (361) 573-7585.

Date

Signature