



**City of Urbana
POLICIES & PROCEDURES
Administrative Regulation 22
Oak Dale Cemetery
Appendix 2—Indigent Burial Policy
Effective January 1, 2023**

MUST BE COMPLETED BY NEXT OF KIN OR ATTENDING FUNERAL DIRECTOR

Complete this form within 21 days of death; deliver to: Director of Finance 205 South Main, Urbana OH 43078

FAILURE TO ANSWER ALL QUESTIONS COMPLETELY MAY BE GROUNDS FOR DENIAL.

DECEASED INFORMATION – Death Certificate must be attached

Name: _____ SS#: _____

Legal Residence: _____

Cause of Death: _____ Time of Death: _____

Place of Death: _____

AUTHORIZATION INFORMATION

Person(s) Authorizing *Cremation* or *Burial* or *Donation* (circle one). If burial, attach supporting documents explaining why cremation or donations are unsuitable. Decedent's adherence to a religious faith prohibiting cremation must be conclusively proven.

*See Ohio Atty. Gen. Opinion 95-012):

Name: _____ Phone: _____

Address: _____

Next of Kin to the Deceased (if known):

Name: _____ Relation: _____ Phone: _____

Address: _____

Name: _____ Relation: _____ Phone: _____

Address: _____

Funeral Home Contact:

Name: _____ Phone: _____

Address: _____

Date Delivered to Finance:	/ /	Decision:
APPROVE	DENY	PARTIAL PAYMENT OF

INDIGENT BURIAL/AFFIDAVIT OF INDIGENCY OF DECEDENT

Effective January 1, 2023

DECEDENT’S RESOURCES TO OFFSET CREMATION/BURIAL COSTS

Did the deceased receive benefits from Job & Family Services such as Medicaid or any other program? Yes / No

If yes, describe and give dollar amounts of benefits: _____

Did the deceased have a court appointed guardian? Yes / No

If yes, provide name and contact information of the legal guardian:

Name: _____ Contact info: _____

Did the deceased have a patient care account at an extended care facility at the time of death?

Yes / No

If yes, give balance of the account: _____

Was the deceased a veteran? Yes / No

(If yes, attach copy of application to Veteran’s Service Commission for burial benefits and DD-214).

Did the deceased have a religious conviction against cremation or other reason the remains should not be cremated or donated for scientific study? Yes / No (if yes, attach documentation)

BANK ACCOUNTS

NAME OF INSTITUTION

BALANCE

DECEASED:

CHECKING _____ \$ _____

SAVINGS _____ \$ _____

OTHER _____ \$ _____

INSURANCE _____ \$ _____

SOCIAL SECURITY BENEFITS \$ _____

VETERANS BENEFITS \$ _____

ANY CONTRIBUTIONS PROMISED \$ _____

TOTAL RESOURCES: \$ _____

(Informant)

STATE OF OHIO)

CHAMPAIGN COUNTY)

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS _____ DAY

OF _____ 20__ BY _____.

(Notary)

INDIGENT BURIAL/AFFIDAVIT OF INDIGENCY OF NEXT OF KIN OR OTHER CLAIMANT

Effective January 1, 2023

CLAIMANT’S RESOURCES TO OFFSET CREMATION/BURIAL COSTS

Do you receive benefits from Job & Family Services such as Medicaid or any other program?
Yes / No If yes, describe and give dollar amounts of benefits:_____

Are you the decedent’s court appointed guardian? Yes / No
If yes, provide probate case number and specify court: _____
Provide a copy of the appointment entry. **You do not need to complete the remaining sections.**

Are you employed? Yes/No Employer _____

Please attach a copy of your most recent tax return with supporting documentation. It will be compared to the federal poverty guidelines based on household size based on the current year. If you did not complete a tax return within the past three years, fill out the information below.

YOUR FINANCIAL INFORMATION

	Income	Expense
Cash on Hand (bank accounts, other liquid assets)		
Mortgage/Rent		
Utilities		
Credit cards		
Child Support		
Savings Bonds, Stocks, Pensions		
Annuity Income		
Settlement Proceeds		
Insurance		
Trust Income		
Rental or other Real Estate Income		

I have read and understand the requirements for completeness and truthfulness in submitting this application. I swear or affirm under the penalty of perjury that the information I have given is correct.

Affiant/Claimant

STATE OF OHIO)
CHAMPAIGN COUNTY)

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS ____ DAY

OF _____ 20__ BY _____.

(Notary)