



**Salt Lake County**  
**Disposition of Indigent Remains**  
**Application for Assistance**  
**(1.1.12)**

**Utah Code Annotated Section 17-53-221 provides that counties may arrange for disposition of indigent deceased persons. Pursuant to that statute and Salt Lake County Ordinance 9.16.010-.040, the Salt Lake County Health Department administers the County's program providing financial assistance for the cremation of those deceased persons who leave insufficient funds for their final disposition and to assist those persons defined under Utah Code Annotated Sections 58-9-602 and 603 with the power to arrange for final disposition and who are truly indigent.**

The County recognizes that cremation is a socially-acceptable and dignified process for the disposition of such remains; and the County has contracted with one or more mortuaries for cremation services. In submitting this Application for Assistance, the Applicant understands and agrees that cremation at the County's expense will be conducted by one of the mortuaries which have contracted with the County and that the County shall not pay for any funeral or memorial service; urn or container for the cremains; costs of interment or burial; or costs for the transportation of the cremains to a final resting place. At the County's discretion, the remains of indigent homicide victims may be buried at County's expense in a plot designated and paid for by the County.

**NOTICE TO APPLICANTS**

Applicant understands that the costs of cremation and/or burial are the responsibility of the family, estate, or legal guardian, if possible. It is the policy of Salt Lake County that the County will be the payer of last resort for the disposition of a deceased indigent person's remains. The County will only pay for cremation, unless the indigent person is a victim of a homicide, in which event, the County may provide for burial in a County designated plot. If the County determines that the family, estate or legal guardian was financially capable of paying for the final disposition of the decedent's remains, the County may initiate action to recover any public funds paid under this application.

Do not submit incomplete applications. Only completed applications will be evaluated for approval. **PLEASE PRINT.**

**DECEDENT'S INFORMATION.**

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

Address(last known): \_\_\_\_\_

Decedent's Date of Death \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(mo/day/year)

Decedent's Financial Information:

Monthly income at death & source: \_\_\_\_\_

Bank accounts & balances (at death): \_\_\_\_\_

List all other assets & their values: \_\_\_\_\_

List all real property & value: \_\_\_\_\_

How long has decedent resided in Salt Lake County? \_\_\_\_/\_\_\_\_/\_\_\_\_ years

Did decedent have Life Insurance? \_\_\_\_ Yes \_\_\_\_ No

If "Yes," please indicate amount of benefits: \_\_\_\_\_

Did decedent leave a will \_\_\_\_ Yes \_\_\_\_ No

If "yes," where probated: \_\_\_\_\_

List the name, address and telephone numbers of all immediate surviving family members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S INFORMATION.**

Applicant: \_\_\_\_\_  
(Last, First, MI)

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

Telephone: \_\_\_\_\_

Applicant's relationship to decedent: \_\_\_\_\_

Name of Applicant's Spouse: \_\_\_\_\_  
(Last, First, MI)

Dependent Spouse: \_\_\_\_ Yes \_\_\_\_ No

(Dependent Children: \_\_\_\_ (number claimed on Federal Taxes)

Names of Dependent Children:

NAME	BIRTHDATE	NAME	BIRTHDATE
_____ (Last, First, MI)	____/____/____	_____ (Last, First, MI)	____/____/____
_____ (Last, First, MI)	____/____/____	_____ (Last, First, MI)	____/____/____
_____ (Last, First, MI)	____/____/____	_____ (Last, First, MI)	____/____/____
_____ (Last, First, MI)	____/____/____	_____ (Last, First, MI)	____/____/____

(Use reverse side for additional dependents)

Total Dependents: \_\_\_\_\_ (number claimed on Federal Taxes)

Total Number in household: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ /month

_____ \$ _____	_____ \$ _____
Source Amount	Source Amount
_____ \$ _____	_____ \$ _____
Source Amount	Source Amount
_____ \$ _____	_____ \$ _____
Source Amount	Source Amount
_____ \$ _____	_____ \$ _____
Source Amount	Source Amount

Real Property (List all real property in which you have an interest and your best estimate of the value of each property.)

Address \_\_\_\_\_ Value \_\_\_\_\_

Address \_\_\_\_\_ Value \_\_\_\_\_

Address \_\_\_\_\_ Value \_\_\_\_\_

Other Assets (current balance and name of institution):

Savings account(s) \_\_\_\_\_

Checking account(s) \_\_\_\_\_

Other account(s) \_\_\_\_\_

**Certification: I certify that the information supplied in this application is accurate and correct to the best of my knowledge. I also understand that the Salt Lake County Health Department relies upon the information contained in this application to disburse public funds. The submission of this application containing any material misrepresentation or omission may subject the applicant to criminal prosecution and a civil action for the reimbursement of public funds including the costs of reasonable attorney fees and expenses incurred by Salt Lake County and this office to collect any improperly disbursed funds. By signing below, Applicant understands and agrees to these terms and conditions.**

**By my signature below, I agree to all of these terms and conditions.**

\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
Witness Signature / Date