

City of Middletown Health Department

Indigent Services Application



Created January 2018
Revised February 2024

Indigent Cremation Services Application

City of Middletown Health Department

FUNERAL HOME:

Please answer all questions and informational requests in this Application as completely and truthfully as possible, to the best of your information and belief. You may include additional statements and information, and attach additional records and documentation, as necessary to complete the Application.

Please be advised that this Application is subject to final approval by the City of Middletown Health Department (the “CMHD”), in the CMHD’s sole discretion. The CMHD may contact you about this Application, and/or request additional information or documentation to supplement the Application. Once the CMHD’s review of the Application is complete, you will be notified in writing as to whether the Application was approved or denied.

I. DECEDENT PERSONAL INFORMATION:

Full Name: _____

Date of Birth: _____ Date of Death: _____

Driver’s License No. (Attach copy of license): _____

Social Security Number: _____ Next of Kin: _____

Name, Address and Phone Number for Decedent’s Spouse (if Decedent was legally married at time of death): _____

Name, Address and Phone Number for Each Parent/Legal Guardian of Decedent (if Decedent was a minor at time of death): _____

II. DECEDENT RESIDENCY:

Last Known Address: _____

Address of Death: _____

Address of Real Estate Owned by Decedent in City of Middletown: _____

Address of Real Estate Owned by Decedent Anywhere Outside of City of Middletown: _____

Length of Residency in City of Middletown: _____

*Please provide proof of Decedent's last known address and length of residency within the City of Middletown. Proof may include, but is not limited to, real property deeds and lease/rental agreements to which Decedent is a party, Decedent identification cards, utility bills in Decedent's name, and mail addressed to Decedent.

If Decedent Resided in a Facility* at Time of Death, Provide the Facility Name and Address:

If Decedent resided in a Facility at Time of Death, Provide Decedent's Length of Stay in the Facility:

*For purposes of this Application, "facility" includes any hospital, nursing home, assisted living facility, or other similar medical/care facility.

III. **DECEDENT HOUSEHOLD INCOME:**

Using the below table, please provide the requested information for Decedent and each member of Decedent's household. A person should be listed in the table if: (i) such person primarily resided at the same private address where Decedent resided at, or immediately prior to, Decedent's time of death; and (ii) such person and Decedent had a familial connection or financial responsibility for one another. Any person who was simply a roommate of Decedent, but otherwise lived autonomously at the same address, may be left out of the table.

Name	Relationship to Decedent	Age	Annual Income

*For purposes of this Application, “annual income” includes money received throughout the year from employment paychecks and bonuses, payments and tips provided as compensation for professional or valuable services provided, social security disability income, supplemental disability income, and unemployment benefits.

*Please provide documentation substantiating all above-listed individuals’ annual income. Such documentation may include, but is not limited to, an individual’s most recent W-2, or federal, State or local tax return.

IV. APPLICANT INFORMATION:

 Applicant Name, Address, Phone Number and Other Preferred Contact Information: _____

Relationship to Decedent: _____

Driver's License No. (Attach copy of license): _____

Social Security Number: _____

Does Applicant Intend to Claim Decedent's Remains Following Cremation (check one box):

 YES

 NO

V. APPLICANT HOUSEHOLD INCOME:

Using the below table, please provide the requested information for Applicant and each member of Applicant's household. A person should be listed in the table if: (i) such person primarily resides at the same private address where Applicant resides; and (ii) such person and Applicant have a familial connection or financial responsibility for one another. Any person who is simply a roommate of Applicant, but otherwise lives autonomously at the same address, may be left out of the table.

Name	Relationship to Applicant	Age	Annual Income

*Please provide documentation substantiating all above-listed individuals' annual income. Such documentation may include, but is not limited to, an individual's most recent W-2, or federal, State or local tax return.

VI. APPLICANT CERTIFICATION:

By signing this Application below, the undersigned Applicant hereby certifies that he/she has responded to all questions and informational requests in this Application to the fullest extent possible. All information set forth in this Application, and all documents attached hereto, are true and accurate to the best of Applicant's information and belief.

By signing this Application below, Applicant represents that he/she understands, if this Application is approved by the CMHD, Decedent will be cremated according to terms and conditions determined solely by the City of Middletown. While the City will pay for the cost of Decedent's cremation, the City does not have a duty to make or pay for any other Decedent burial or funeral services for Decedent. Applicant understands that Applicant will have no rights to direct the City of Middletown to take any particular action with respect to Decedent's cremation, or any other burial or funeral services.

If Applicant makes separate funeral or burial arrangements for Decedent with any funeral home (either before or after Decedent's cremation), the City shall no longer have any duty to pay for Decedent's cremation, and Applicant will thereafter be solely responsible for all costs associated with Decedent's cremation, interment, burial and/or funeral services. If the City pays for Decedent's cremation and later learns that Applicant has made any additional funeral or burial arrangements for Decedent with any funeral home, the City shall be entitled to seek reimbursement of its cremation costs from Applicant.

However, there are no restrictions on Applicant's ability to claim Decedent's remains as a loved one (without arranging for additional burial or funeral services for Decedent). If Applicant has elected in Section IV of this Application to claim Decedent's remains following cremation, Applicant shall be entitled to retrieve Decedent's remains from the funeral home performing the cremation services, and there shall be no cost to Applicant for its retrieval of Decedent's remains.

By signing this Application below, Applicant represents that he/she understands the City shall be entitled to seek reimbursement of its costs associated with Decedent's cremation from Decedent's assets and/or estate (if applicable), or through any other lawful means.

Applicant (Printed Name)

Applicant (Signature)

Date

FOR OFFICE USE ONLY:

- Decedent was a legal resident of the City of Middletown, Ohio at his/her time of death.
- Decedent was not an inmate of an Ohio correctional, benevolent, or charitable institution at his/her time of death.
- Decedent was an “indigent person” under Ohio law at his/her time of death.
- Decedent’s body was not claimed by any person for private interment, cremation, or other burial or funeral services at such person’s own expense.
- Applicant is not the funeral home performing cremation services, nor a facility (co-representative thereof) in which Decedent resided at the time of Decedent’s death, and Applicant is an individual who is an “indigent person” under Ohio law as of the date of this Application.

INDIGENT SERVICES APPROVED:

YES NO

Health Commissioner
City of Middletown Health Department

Date