



TEHAMA COUNTY SHERIFF'S OFFICE

Dave Hencratt, Sheriff-Coroner

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(530) 529-7940 / (530) 529-7933 FAX

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(530) 529-7900 / (530) 528-7614 FAX

APPLICATION FOR INDIGENT CREMATION

Dear Applicant:

Attached is a packet of information that will need to be completely filled out prior to review by the Sheriff-Coroner's Office.

Please take time to review the entire packet. If you have any questions, the Coroner's office staff will be glad to assist you. You can call 530-527-1130 Monday through Friday 8:00 am to 5:00 pm.

Sincerely,

DAVE HENCRATT
Sheriff-Coroner

Omar Farmer or Amanda Meza
Deputy Coroner's of the
Tehama County Sheriff's Office

TEHAMA COUNTY SHERIFF-CORONER APPLICATION FOR DISPOSITION OF INDIGENT-UNCLAIMED HUMAN REMAINS

Instructions and General Information

Read all of this information carefully. If you do not understand any part of it, consult with your attorney and/or contact and speak with a Tehama County Deputy Coroner.

If you have custody of the human remains and you fall under the provisions of Health & Safety, Code Section 7100; if you have assets, and are not poverty stricken, you may not qualify for the Coroner's indigent cremation funding. Nevertheless, you are still required to complete and submit to the Tehama County-Coroner this application for indigent cremation if you desire consideration for indigent cremation funding.

If you have custody of the human remains but are a funeral director, cemetery authority, hospital, care facility, public guardian, care provider, or defendant of the decedent, and a reasonable effort has proved negative in locating any person as outlined in Health & Safety, Code Section 7100, you may not be responsible for the costs of cremation, but you are still required, to complete and submit to the Tehama County Sheriff-Coroner this application for consideration of indigent cremation funding.

Before the Coroner will take custody of the human remains for the purpose of cremation, it is your responsibility to satisfy lawful requirements.

The following information, instructions, and forms that are included in this "DISPOSITION PACKET" are designed to help you satisfy the lawful requirements. Following the lawful requirements will help ensure that your application is processed for approval without unnecessary delay.

RIGHT TO CONTROL DISPOSITION OF THE REMAINS:

The right to control the disposition of the remains of a deceased person, including the location and conditions of interment, unless other directions have been given by the decedent, vests in, and the duty of interment and the liability for the reasonable cost of interment of the remains and devolves upon the following in the order named:

1. The competent surviving spouse.
2. The sole surviving competent adult child or children of the decedent.
3. The surviving competent parent or parents of the decedent.
4. The sole surviving competent adult sibling of the decedent.
5. The competent person or persons respectively in the next degree of kindred.
6. The public administrator when the deceased has sufficient assets.

7103 the Health & Safety Code

- (a) Every person, upon whom the duty of interment is imposed by law, who omits to perform that duty within a reasonable time is guilty of a misdemeanor.
- (b) Every licensee or registrant pursuant to Chapter 12 (commencing with Section 7600) or Chapter 19 (commencing with Section 9600) of Division 3 of the Business and Professions Code, and the agents and employees of the licensee or registrant, or any unlicensed person acting in a capacity in which a license from the Cemetery and Funeral Bureau is required, upon whom the duty of interment is imposed by law, who omits to perform that duty within a reasonable time is guilty of a misdemeanor that shall be punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding ten thousand dollars (\$10,000), or both that imprisonment and fine.
- (c) In addition, any person, registrant, or licensee described in subdivision (a) is liable to pay the person performing the duty in his or her stead treble the expenses incurred by the latter in making the interment, to be recovered in a civil action

BEFORE requiring the coroner to take possession of the remains for indigent cremation, this “Disposition Packet” must be fully and accurately completed by the person having lawful custody of the remains, when the following circumstances exist:

When no provision is made by the decedent, or where the estate is insufficient to provide for cremation, and the duty of cremation does not devolve upon any other person residing in the State, or if such person cannot after reasonable diligence be found within the State, the person who has custody of the remains may require the coroner of the county where the decedent resided at the time of death to take possession of the remains and the coroner shall inter the same manner provided for the interment of the indigent dead. (7104 Health & Safety Code).

PLEASE NOTE: If the decedent resided in another county outside Tehama County at the time of death, you must go to the Coroner or Medical Examiner of that County to file indigent cremation.

STATEMENT OF FACTS FOR APPLICATION OF INDIGENT CREMATION

Please answer questions as they apply to the deceased.

INSTRUCTIONS: Please **complete this form in ink**. Answer the following questions honestly and completely. **ALL** questions must be answered, so please read each question before answering. **DO NOT SIGN THIS FORM**. Your signature must be witnessed by a law enforcement officer.

DECEASED'S INFORMATION				
DECEASED'S LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	
PHYSICAL DESCRIPTION:				
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	
SOCIAL SECURITY NUMBER	PLACE OF BIRTH	MARITAL STATUS		
NAME OF DECEASED BANK(S)	BANK ACCOUNT NUMBER(S)	DATE OF DEATH		
LIVING ARRANGEMENTS:				
1. His/her last known address				
LIST ALL OTHERS LIVING AT HIS/HER LAST KNOWN ADDRESS:				
Name	Relationship	Birthdate	Social Security Number	Income
MILITARY SERVICE:				
Has he/she ever served in the armed services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
RELATIVES				
List all close relatives, spouse, parents, children, and siblings:				
Name and Complete Address of ALL Relatives	Relationship	Telephone #		

DECEASED EMPLOYMENT INFORMATION:**If he/she was currently employed please complete the following:****What was the name, address and telephone number of his/her current employer or name and address of his/her self-employed business.**

Name of Business/Self-Employed Business:

Address:

City/State/Zip:

When and where was he/she previously employed?

Name:

From/To Dates:

PROPERTY:**Did he/she own any cars, motorcycles, motorhomes, boats, trucks trailers, or campers? Yes No**

MAKE AND MODEL	YEAR	OWNER
A.		
B.		
C.		
D.		

To be verified by:**INCOME:****Did he/she receive any of the following income during the past 30 days? Yes No**

		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unemployment Insurance Benefits	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
State Disability Insurance Benefits	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Worker's Compensation Benefits	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Security / SSI	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Veteran's Benefits / GI Bill Benefits	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Civil Service Retirement Benefits	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Railroad Retirement Benefits	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other pensions or disability Payments	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CalWORKs or Public Assistance Benefits	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
General Assistance	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student loans, grants or scholarships	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gift, loans, awards or winnings	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Money from tenants	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Money (loans) from friends	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tax Refunds	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Money resulting from accident or injury	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Estate or Probate matters	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance settlements or awards	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Salary, wages, tips, self-employment	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other:	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INCOME CONTINUED:

Was he/she purchasing a home, land or any other real property? Yes No

Description:

Address:

City/State/Zip:

Has he/she sold, transferred or given away property, money, or other valuables in the last two years? Yes No

Description	Amount Received	Estimated Value
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$

APPLICANT'S INFORMATION

Applicant's Name:

Applicant's Address:

Applicant's Telephone Number:

Applicant's Bank: Account Number:

Your Height	Your Weight	Eye Color	Hair Color

Are you a U.S. Citizen? Yes No

If you answered "No", please answer the questions below:

What is your Alien Registration Number? What date did you enter the U.S.?

Be Sure You Have Read Every Item and Answered All the Questions!

I REALIZE THAT IF I DELIBERATELY MAKE FALSE STATEMENTS OR WITHOLD INFORMATION, I MAY BE PROSECUTED FOR FRAUD. I UNDERSTAND THAT ALL STATEMENTS WILL BE VERIFIED AND INVESTIGATED AND THAT I WILL BE REQUIRED TO PROVIDE DOCUMENTS TO PROVE WHAT I HAVE SAID.

I HEREBY DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT ALL OF THE FOREGOING STATEMENTS AND INFORMATION ON THIS LOAN APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant Date

FOR OFFICE USE ONLY

Coroner's Narrative:

Coroner's Recommendation of Indigent Cremation	<input type="checkbox"/> Indigent Case <input type="checkbox"/> Non Indigent Case <input type="checkbox"/> Coroner Case <input type="checkbox"/> Non Coroner Case
Date referred to Public Administrator	Date
Deputy Coroner's Name:	Date
Deputy Coroner's Signature	
Supervisor's Name:	Date
Supervisor's Signature	