# TEHAMA COUNTY SHERIFF/CORONER'S OFFICE

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# APPLICATION FOR INDIGENT CREMATION

**TEHAMA COUNTY SHERIFF-CORONER**
**INDIGENT CREMATION PROGRAM**

## Applicant Disclaimer and Acknowledgment

**PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION.**

The Tehama County Sheriff-Coroner's Office administers an indigent cremation program for qualifying cases. Eligibility is subject to applicable law and County procedures. (H&S Code section 7104, 7104.1)

Submitting an application does not guarantee approval or payment by Tehama County.

### 1. Legal Responsibility for Disposition

Application must be filled out by the legal next of kin or a person assigned a limited power of attorney for disposition only. (H&S Code Section 7100, 7105)

The right to control the disposition of human remains and the associated duties and financial responsibilities fall to the legal next of kin, as determined by the order of priority (H&S Code Section 7100, 7103, 7105).

### 2. Eligibility and Financial Assessment

Eligibility is determined on a case-by-case basis, considering the decedent's estate and the applicant's financial resources. Applicants must disclose requested information regarding income, assets, bank accounts, insurance benefits, prepaid cremation arrangements, and other available resources.

Applications may be denied if the decedent's estate or the applicant's financial resources are sufficient to cover cremation costs, or if the eligibility requirements are not met.

### 3. Required Documentation and Verification

To be considered, you must do both of the following:

1. Fill out this entire application completely and accurately, and
2. Provide copies of the documentation listed below with your application.

Applications that are incomplete, or that are turned in without the required documentation, will not be processed and will be denied. The Sheriff-Coroner's Office may verify the information provided and request additional documentation as needed to determine eligibility.

Required documentation:

- Most recent pay stub, most recent bank statements, or the previous year's W-2.
- A copy of government-issued identification, such as a driver's license.

- Any additional documentation requested to verify the decedent's estate or the applicant's financial resources.

## 4. County of Residence and Jurisdiction

Eligibility depends on the decedent's county of residence at the time of death. If the decedent resided in another California county, applicants must contact the coroner or medical examiner in the county of residence to apply for indigent cremation assistance. (Probate code 7051)

## 5. Cremation and Final Placement of Cremated Remains

The indigent cremation program covers cremation only. It does not include burial, funeral services, or memorial services.

Following cremation, the cremated remains (cremains) will be placed in an ossuary. Cremains will not be returned to the applicant or family.

If the decedent is a veteran with an honorable discharge, the cremains will instead be placed at the Northern California Veterans Cemetery in Igo, CA.

## 6. Application Review and Disposition Arrangements

Processing times may vary depending on the completeness of the application and any additional review or documentation required.

If the application is denied, the legal next of kin is responsible for making arrangements for the disposition of the decedent's remains. (H&S Code 7100)

## 7. Applicant Certification and Acknowledgment

By signing this application, I acknowledge and agree that:

- I have read and understand this disclaimer.
- I have provided true, accurate, and complete information regarding the decedent's estate and my financial resources.
- I understand that the Sheriff-Coroner's Office may verify the information provided and that incomplete applications will be denied.
- I understand that submitting an application does not guarantee approval or County payment of cremation expenses.
- I understand that the program provides for cremation only and that the cremains will not be returned to me or my family but will be placed in an ossuary, or, if the decedent is a veteran with an honorable discharge, at the Northern California Veterans Cemetery in Igo, CA.
- I understand that if my application is denied, the legal next of kin is responsible for making arrangements for disposition, subject to applicable California law.

**Reference Codes:** CA Prob Code § 7051 (2025). California Health and Safety Code § 7100 (2026). California Health and Safety Code § 7103 (2026). California Health and Safety Code § 7104 (2026). California Health and Safety Code § 7104.1 (2026). California Health and Safety Code § 7105 (2026).

# STATEMENT OF FACTS FOR APPLICATION OF INDIGENT CREMATION

Please answer questions as they apply to the deceased.

**INSTRUCTIONS:** Answer the following questions honestly and completely. ALL questions must be answered, so please read each question before answering.

## DECEASED'S INFORMATION

**Last Name:**

**First Name:** **Middle Name:**

**Date of Birth:** **Date of Death:**

**Driver's License Number:** **State:**

**Social Security Number:** **Place of Birth:**

**Marital Status:**

☐ Married ☐ Registered domestic partner ☐ Single / never married ☐ Divorced

☐ Widowed ☐ Separated ☐ Unknown

## LIVING ARRANGEMENTS

**His/her last known address:**

**Did he/she rent or own?** ◯ Rent ◯ Own ◯ Unknown ◯ Unhoused

***If you answered "Rent" above, complete this section:***

### Legal Owner

**Name:**

**Address:**

**Telephone:**

### Apartment / Property Management Company

**Name:**

**Address:**

**Telephone:**

**Security deposit amount:** $

*If you answered "Own" above, complete this section:*

**Property Parcel Number:**

## MILITARY SERVICE

**Has he/she or his/her spouse ever served in the armed forces?** ◯ Yes ◯ No ◯ Unknown

*If you answered "Yes" above, complete this section:*

**Who served?** ◯ Decedent ◯ Spouse ◯ Both

**Honorably discharged?** ◯ Yes ◯ No ◯ Unknown

**Branch:** **Dates of service:**

**Do you have a copy of the DD-214?** ◯ Yes ◯ No

*If you answered "Decedent" or "Both" above, complete this section:*

### VA burial benefits

**Was the decedent receiving VA disability compensation or a VA pension?**

◯ Yes ◯ No ◯ Unknown

**Was the death related to military service?** ◯ Yes ◯ No ◯ Unknown

**Are you applying for, or aware of, VA burial reimbursement?**

◯ Yes, applying ◯ Aware, not applying ◯ Not aware

VA burial benefits reimburse the person who paid for the funeral. The Tehama County Veterans Service Office can help with the application (VA Form 21P-530EZ).

## DECEASED EMPLOYMENT INFORMATION

Check all that apply to the deceased.

**Employment status at time of death:**

☐ Employed ☐ Unemployed ☐ Retired ☐ Unknown

*If you checked "Employed" above, complete this section:*

### Employed

Name, address and telephone number of the current employer, or name and address of the self-employed business.

**Name of Business / Self-Employed Business:**

**Address:**

**City/State/Zip:** **Telephone:**

**Position / job title:** **Employed since:**

**Monthly gross wages:** $ _____

**Date of last paycheck:** _____ **Final paycheck / unpaid wages owed:** $ _____

*If you checked "Unemployed" above, complete this section:*

**Unemployed**

Most recent employer, if any.

**Name:** _____ **From/To Dates:** _____

*If you checked "Retired" above, complete this section:*

**Retired**

**Retired from (employer):** _____

**Employer address / City:** _____ **Date retired:** _____

**Was he/she receiving a pension?** ◯ Yes ◯ No

*If you answered "Yes" above, complete this section:*

**Monthly pension amount:** $ _____

**Pension source / plan name:** _____ **Plan phone:** _____

**Survivor or death benefit payable?** ◯ Yes ◯ No ◯ Unknown

## PROPERTY

**Did he/she own any cars, motorcycles, motorhomes, boats, trucks, trailers, or campers?**

◯ Yes ◯ No ◯ Unknown

*If you answered "Yes" above, complete this section:*

| | Make and Model | Year | License Plate # |
|---|---|---|---|
| **A.** | | | |
| **B.** | | | |
| **C.** | | | |
| **D.** | | | |

## INCOME

### Bank Accounts

**Did the decedent have any bank or credit union accounts?**

◯ Yes ◯ No ◯ Unknown

*If you answered "Yes" above, complete this section:*

| Bank or Credit Union | Account Type (checking, savings, etc.) | Approximate Balance |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |

### Other Income

**Other than employment, does the decedent receive income?** ◯ Yes ◯ No

*If you answered "Yes" above, complete this section:*

| Source | Amount |
|---|---|
| Unemployment Insurance Benefits | $ |
| State Disability Insurance Benefits | $ |
| Worker's Compensation Benefits | $ |
| Social Security / SSI | $ |
| Veteran's Benefits / GI Bill Benefits | $ |
| Civil Service Retirement Benefits | $ |
| Railroad Retirement Benefits | $ |
| Other pensions or disability payments | $ |
| CalWORKs or Public Assistance Benefits | $ |
| General Assistance | $ |
| Student loans, grants, or scholarships | $ |
| Gifts, loans, awards, or winnings | $ |

| Source | Amount |
|---|---|
| Money from tenants | $ |
| Money (loans) from friends | $ |
| Tax refunds | $ |
| Money resulting from accident or injury | $ |
| Estate or probate matters | $ |
| Insurance settlements or awards | $ |
| Salary, wages, tips, self-employment | $ |
| | $ |
| | $ |

## INCOME (CONTINUED): INSURANCE

**Did the decedent have any life insurance, burial insurance (including a prepaid funeral or cremation plan), or insurance through work?**

◯ Yes ◯ No ◯ Unknown

***If you answered "Yes" above, complete this section:***

List every policy or plan, including group life insurance through a current or past employer or union.

| Type (life / burial / work / prepaid plan) | Insurance Company | Policy # | Beneficiary | Amount |
|---|---|---|---|---|
| | | | | $ |
| | | | | $ |
| | | | | $ |

***If you answered "Unknown" above, complete this section:***

### Not sure? How to check for a policy

- **NAIC Life Insurance Policy Locator** (free): eapps.naic.org/life-policy-locator. Have the death certificate handy: you will need the decedent's Social Security number, legal name, date of birth and date of death. Insurance companies contact you only if a policy is found and you are the beneficiary or legal representative.
- **California State Controller's Office** unclaimed property search, including unpaid life insurance: sco.ca.gov or (800) 992-4647.

- **Employers and unions:** ask the decedent's current or former employer's human resources office, or union, about group life insurance.
- **Records:** look through mail, bank statements, canceled checks and tax returns for premium payments, and ask the decedent's auto or home insurance agent.
- **Questions about an insurance company:** California Department of Insurance hotline, (800) 927-4357.

**Have you searched the NAIC Life Insurance Policy Locator?**

◯ Yes ◯ No ◯ Will search

## REAL PROPERTY AND TRANSFERS

**Was he/she purchasing a home, land, or any other real property?**

◯ Yes ◯ No ◯ Unknown

*If you answered "Yes" above, complete this section:*

**Description:**

**Address:**

**City/State/Zip:**

**Had he/she sold, transferred, or given away property, money, or other valuables in the last two years?**

◯ Yes ◯ No ◯ Unknown

*If you answered "Yes" above, complete this section:*

| | Description | Amount Received | Estimated Value |
|---|---|---|---|
| 1. | | $ | $ |
| 2. | | $ | $ |
| 3. | | $ | $ |
| 4. | | $ | $ |

## RELATIVES

List all close relatives, spouse, parents, children, and siblings:

| Name | Relationship | Date of Birth | Complete Address | Telephone # |
|---|---|---|---|---|
| | | | | |

| Name | Relationship | Date of Birth | Complete Address | Telephone # |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## APPLICANT'S INFORMATION

**Applicant's Name:**

**Applicant's Address:**

**Applicant's Telephone Number:** **Driver's License Number:**

**Marital Status:**

☐ Married ☐ Registered domestic partner ☐ Single / never married ☐ Divorced

☐ Widowed ☐ Separated ☐ Unknown

*If you answered "Married" or "Registered domestic partner" above, complete this section:*

**Spouse's / partner's name:** **Date of birth:**

**Relationship to the deceased:**

☐ Spouse ☐ Registered domestic partner ☐ Adult child ☐ Parent ☐ Sibling

☐ Grandchild ☐ Grandparent ☐ Other relative

☐ Durable Power of Attorney for Health Care ☐ Limited power of attorney for disposition

☐ Other

*If you answered "Other" above, complete this section:*

**Other relationship (please describe):**

**Number of people in household:**

**Do you own or rent your home?** ◯ Own ◯ Rent

*If you answered "Rent" above, complete this section:*

**Monthly rent:** $ _____ **Monthly utilities:** $ _____

## HOUSEHOLD PROPERTY

**Do you or anyone in your household own any cars, motorcycles, motorhomes, boats, trucks, trailers, or campers?**

◯ Yes ◯ No

*If you answered "Yes" above, complete this section:*

| | Make and Model | Year | License Plate # | Owner (household member) |
|---|---|---|---|---|
| **A.** | | | | |
| **B.** | | | | |
| **C.** | | | | |
| **D.** | | | | |

## APPLICANT'S EMPLOYMENT INFORMATION

Check all that apply.

**Your employment status:** ☐ Employed ☐ Unemployed ☐ Retired

*If you checked "Employed" above, complete this section:*

### Employed

Name, address and telephone number of the current employer, or name and address of the self-employed business.

**Name of Business / Self-Employed Business:** _____

**Address:** _____

**City/State/Zip:** _____ **Telephone:** _____

**Position / job title:** _____ **Employed since:** _____

**Monthly gross wages:** $ _____

*If you checked "Unemployed" above, complete this section:*

**Unemployed**

Most recent employer, if any.

**Name:** _____ **From/To Dates:** _____

*If you checked "Retired" above, complete this section:*

**Retired**

**Retired from (employer):** _____

**Employer address / City:** _____ **Date retired:** _____

**Do you receive a pension?** ◯ Yes ◯ No

*If you answered "Yes" above, complete this section:*

**Monthly pension amount:** $ _____

**Pension source / plan name:** _____ **Plan phone:** _____

**Is anyone else in your household employed?** ◯ Yes ◯ No

*If you answered "Yes" above, complete this section:*

| Name | Relationship | Employer | Monthly gross wages |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |

## HOUSEHOLD INCOME

**Other than employment, do you or anyone in your household receive income?**

◯ Yes ◯ No

*If you answered "Yes" above, complete this section:*

Fill in the monthly amount next to each source that applies. Leave the rest blank.

| Source | Amount |
|---|---|
| Unemployment Insurance Benefits | $ |
| State Disability Insurance Benefits | $ |

| Source | Amount |
|---|---|
| Worker's Compensation Benefits | $ |
| Social Security / SSI | $ |
| Veteran's Benefits / GI Bill Benefits | $ |
| Civil Service Retirement Benefits | $ |
| Railroad Retirement Benefits | $ |
| Other pensions or disability payments | $ |
| CalWORKs or Public Assistance Benefits | $ |
| General Assistance | $ |
| Student loans, grants, or scholarships | $ |
| Gifts, loans, awards, or winnings | $ |
| Money from tenants | $ |
| Money (loans) from friends | $ |
| Tax refunds | $ |
| Money resulting from accident or injury | $ |
| Estate or probate matters | $ |
| Insurance settlements or awards | $ |
| | $ |
| | $ |

**Total monthly household income (required):** $

Add up employment wages and all other monthly income for everyone in the household. If there is no income, enter 0.

## HOUSEHOLD REAL PROPERTY AND TRANSFERS

**Is anyone in your household purchasing a home, land, or any other real property?**

◯ Yes ◯ No

*If you answered "Yes" above, complete this section:*

**Description:**

**Address:**

**City/State/Zip:**

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

**I REALIZE THAT IF I DELIBERATELY MAKE FALSE STATEMENTS OR WITHHOLD 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 APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**Applicant's printed name:**

**Signature of Applicant:** _____ **Date:**

## SUBMIT THIS APPLICATION

**Return the completed, signed application with copies of your required documents:**

- **In person or by mail:** Tehama County Sheriff-Coroner's Office, 22840 Antelope Blvd., Red Bluff, CA 96080. Mailing address: P.O. Box 729, Red Bluff, CA 96080.
- **By email:** scan or photograph every page and your documents and send them to coroner@tehamaso.org with the subject "Indigent Cremation Application."

Questions? Call the Coroner's Office at (530) 527-1130.

## FOR OFFICE USE ONLY

**Coroner Case #:**

**Coroner's Narrative:**

☐ TLO ☐ CLETS (28) ☐ Firearms ☐ On X / Inplan

**Coroner's Recommendation of Indigent Cremation:**

◯ Indigent Case ◯ Non-Indigent Case ◯ Coroner Case ◯ Non-Coroner Case

**Date referred to Public Administrator:**

**Deputy Coroner's Name:**

**Deputy Coroner's Signature:** _____ **Date:**

**Supervisor's Name:**

**Supervisor's Signature:** _____ **Date:**