

**FUNERAL HOME/CREMATORIUM APPLICATION TO PROVIDE INDIGENT BURIAL
AND/OR CREMATION SERVICES FOR CATOOSA COUNTY**

NAME OF FUNERAL HOME/CREMATORIUM:

BUSINESS ADDRESS OF FUNERAL HOME/CREMATORIUM:

NAME OF DESIGNATED CONTACT PERSON:

CONTACT TELEPHONE NUMBER & E-MAIL ADDRESS:

CERTIFICATION:

I hereby certify that the contents contained in this Application are true and correct and that the Funeral Home/Crematorium named herein is duly licensed to provide funeral, burial and/or cremation services in the State of Georgia and also possesses all required local business or other licenses which are required or necessary to conduct its operations. The undersigned further acknowledges receipt and review of a copy of the duly adopted Policies and Procedures of Catoosa County, Georgia Governing Financial Assistance for Burial or Cremation of Indigent Individuals who Die within Catoosa County, including related applications, certifications and other documents (the "Indigent Burial Policies"). As a condition of being approved to provide services under the County's Indigent Burial Policies, the undersigned agrees to (i) comply with all provisions of the Indigent Burial Policies, including accepting only the monetary compensation set out in the Indigent Burial Policies as full and complete payment for the services provided; and (ii) to otherwise provide said services in accordance with applicable federal, state or local laws or ordinances.

Submitted this ____ day of _____, 20 ____.

APPLICANT:

BY: _____

PRINTED NAME AND TITLE:

[INCLUDE COPY OF STATE AND LOCAL LICENSURE]

**POLICIES AND PROCEDURES OF CATOOSA COUNTY, GEORGIA GOVERNING
FINANCIAL ASSISTANCE FOR BURIAL OR CREMATION OF INDIGENT
INDIVIDUALS WHO DIE WITHIN CATOOSA COUNTY**

Purpose: To provide regulations governing whether, to what extent and under what circumstances the County will provide financial assistance for burial or cremation of indigent individuals who die within the County, including but not limited to the application process, determination of eligibility, maximum financial assistance available, and other regulations.

Legal Authority: O.C.G.A. § 36-12-5 and Resolution of the Board of Commissioners adopted February 18, 2020.

Eligibility: In order to qualify for the financial assistance available under State statute, as implemented by this Policy, an individual decedent must have (i) died within Catoosa County and (ii) lack any income, assets or other financial resources (including life insurance benefits) to provide for burial or cremation.

Application Process:

(a) Application for financial assistance pursuant to this Policy shall be made by the individual(s) having legal authority to control the disposition of the remains of the decedent under the provisions of O.C.G.A. § 31-21-7(b).

(b) The Application documents and Affidavit/Certification attached to this Policy shall be completed by the authorized individual and delivered to the Catoosa County Finance Office for review and consideration.

(c) An individual Applicant for financial assistance shall be notified by the Catoosa County Finance Office of a determination decision after review and consideration of the Application is completed. The Catoosa County Finance Office shall also notify an individual Applicant if additional information is needed in order to complete the Application and/or to assist in the Application review process.

Amount of Financial Assistance; Services Covered; Release and Payment of Funds:

(a) The maximum amount of financial assistance available and allocated by the County for the benefit of any individual decedent under this Policy is \$550.00. The maximum amount of financial assistance is determined and calculated based upon the minimum amount necessary to provide for a decent cremation of a deceased indigent individual, at an licensed funeral home which provides cremation services and which is located within Catoosa County.

(b) The financial assistance allocated and provided by the County is intended to meet the requirements of a “decent interment or cremation” of an indigent decedent as required under O.C.G.A. § 36-12-5, which includes the following:

- (i) transportation of decedent to a funeral home/crematorium and from the funeral home/crematorium to a gravesite or delivery of cremains to next-of-kin or appropriate personal representative;
- (ii) dress/clothing for the decedent;
- (iii) cremation of decedent at a licensed crematorium and return of cremains to next-of-kin or appropriate personal representative; and
- (iv) direct burial of a decedent shall be considered only in cases of objection to cremation on religious grounds. In such instances, funding allocated shall be utilized for placement of the decedent in a casket of metal, wood, or sturdy cardboard and transportation to a grave site secured by personal representative or next-of-kin of decedent.

(c) Funds available shall be made by the County only to duly licensed funeral homes/crematoriums which have completed an Application acknowledging and agreeing to the criteria established pursuant to this Policy and which have been approved by the County Finance Office to provide services hereunder. The funeral home or crematorium to provide services to the indigent decedent shall be selected by the individual submitting the Application under this Policy, provided the funeral home or crematorium is on the approved list to provide services under the criteria established by this Policy. The County shall not play a role in selecting, suggesting or recommending a funeral home or crematorium other than providing a list of approved facilities. Funding shall not be released to the funeral home or crematorium until all documents required under this Policy are completed and submitted to the County Finance Office.

Reimbursement of County; Punishment for False Statements: If, after the approval and release of funding under this Policy, it is determined or discovered that the indigent decedent does/did in fact have financial resources or assets available to apply toward the burial, cremation and/or disposition of the decedent's remains, the County shall have the legal right to pursue collection or recovery of said assets or resources to the extent necessary to reimburse the County for funding provided hereunder. In addition, any individual who knowingly makes false statements or submits false information to obtain benefits under this Policy may be prosecuted for a misdemeanor offense, punishable as provided by law.

ADOPTED EFFECTIVE FEBRUARY 18, 2020.

**APPLICATION FOR INDIGENT BURIAL AND/CREMATION
FINANCIAL ASSISTANCE**

DECEDENT/APPLICANT INFORMATION:

Name of Decedent: _____

Address of Decedent on Date of Death: _____

Location of Death of Decedent: _____

Date of Death: _____

Location of Remains: _____

Name of Applicant: _____

Title of Applicant/Relationship to Decedent: _____

Applicant Address and Telephone Number:

Funeral Home/Facility Selected (must be from a list of facilities approved by the County):

DECEDENT INCOME/ASSET INFORMATION:

List all known sources of income or other assets of the Decedent (including life insurance benefits) which are or may be available to pay funeral and/or burial or cremation expenses of the Decedent (attach list if additional space needed):

Submitted this _____, day of _____, 20____.

APPLICANT:

By: _____
(Sign and Print Name)

AFFIDAVIT AND CERTIFICATION OF APPLICANT

STATE OF GEORGIA,
COUNTY OF CATOOSA

Personally appeared before me, the undersigned attesting authority, on this day came _____ (the "Applicant"), known to me (or who proved to me on a satisfactory basis) to be the Applicant who completed, executed and delivered the within and foregoing Application for Indigent Burial and/Cremation Financial Assistance, and who acknowledged, under oath, as follows:

1.

All information supplied in the foregoing Application is true and correct to the best of Applicant's knowledge and Applicant is authorized by law to make this Application on behalf of the Decedent.

2.

The Decedent was indigent at the time of his/her death and lacked sufficient income or financial resources or assets to provide for Decedent's burial or cremation and neither the Applicant, nor any of the Decedent's next-of-kin known to the Applicant have sufficient financial resources or assets to provide for Decedent's burial or cremation.

3.

Neither the Applicant nor any funeral home or crematorium known to the Applicant has received any compensation or financial remuneration for the burial or cremation of the Decedent.

4.

Applicant makes this Application in order to request that Catoosa County consider providing financial assistance for the burial or cremation of the Decedent, authorizes Catoosa County to pay any financial assistance provided directly to the funeral home or crematorium from the list of facilities approved by the County and which is selected by Applicant for disposition of Decedent's remains, and indemnifies and holds Catoosa County harmless from any liability and/or loss incurred as a result of Catoosa County, its officers, employees or agents acting on the requests made in this Application.

5.

Applicant acknowledges and agrees that Catoosa County may seek reimbursement for any financial assistance provided if at any time in the future assets, income, financial resources or monetary benefits to which the Decedent would otherwise be entitled are located or recovered.

6.

Applicant makes these statements under the penalty of perjury and acknowledges that any false statements knowingly provided may subject Applicant to prosecution for a misdemeanor offense, be punishable as provided by law.

Sworn to and subscribed before me
this ____ day of _____, 20____

Notary Public

My commission expires: _____

APPLICANT:

BY: _____

PRINTED NAME: _____

FUNERAL HOME/CREMATORIUM CERTIFICATION

NAME OF FUNERAL HOME/CREMATORIUM & CONTACT PERSON:

CONTACT PHONE NUMBER & E-MAIL: _____

I hereby certify that on _____, 20____, the Funeral Home/Crematorium named above provided burial and/or cremation services for the Decedent named in the foregoing Application and that said services were provided at the request of the Applicant named in the Application. This Certification is submitted as a request for reimbursement from Catoosa County in the amount of \$550.00 as the full and complete payment for the services provided and I further certify that a request for reimbursement has not been made for the Decedent prior to this request.

Submitted this ____ day of _____, 20____.

FUNERAL HOME/CREMATORIUM:

BY: _____

PRINTED NAME AND TITLE:

[INCLUDE COPY OF DEATH CERTIFICATE AND OTHER SUPPORTING DOCUMENTATION WITH CERTIFICATION]