



Department of Public Safety

Mitchell J. Brown, Director

Division of Support Services

David M. Borden, Administrator

License Section

Sharon K. Gadd, License Manager

750 Piedmont Road - South Entrance

Columbus, Ohio 43224

(614) 645-8366 Fax 645-8912



Mayor

Michael B. Coleman

NOTICE

TO: Funeral Homes/Funeral Directors

FROM: Sharon Gadd, License Manager

DATE: May 4, 2007

SUBJECT: Indigent Burial Applications

Enclosed you will find a copy of the revised Indigent Burial Application. This application must be used effective May 14, 2007, for all indigent burial payment requests.

As you will see the application has a section for questions the next-of-kin or deceased representative must answer and sign. This will help assure that the funeral homes and funeral directors are not held responsible should falsification by the next-of-kin or deceased representatives occur.

The final page is for the "FUNERAL DIRECTOR'S INFORMATION" and signature and must include a copy of the death certificate, an itemized statement of the burial expenses, a copy of the obituary, if any, and a \$10.00 processing fee with the application.

Applications must be submitted within thirty (30) days from the date of death.

If you have any questions regarding this revised application, you may call Craig Colopy at 614-645-7971.

Administrative Office
Technical Support
License Section
Weights & Measures

220 Greenlawn Avenue
220 Greenlawn Avenue
750 Piedmont Road
750 Piedmont Road

645-7710
645-7344
645-8366
645-7397

FAX: 645-4819
FAX: 645-4819
FAX: 645-8912
FAX: 645-3994

NOTICE

GUIDELINES FOR DETERMINING RESIDENCY

FOR

**PERSONS LIVING IN NURSING HOMES,
ASSISTED LIVING AND/OR HOSPITALS.**

- 1) Does he/she get mail at that location?
- 2) Does he/she own property?
- 3) If he/she became well, where would he/she live?
- 4) At the time of death, did he/she have a patient care account with nursing homes, assisted living and/or hospitals.

NOTE: City of Columbus, Ohio Codes Chapter 145 Welfare; Burial of Indigents shall not exceed \$750.00 and shall include cemetery charges and crematory charges less the amount of any contributions, insurance or property, real or personal, or of any other thing of value which may be applied toward the burial expenses. Accepting any additional payment for burial expenses not disclosed will be grounds for prosecution.

Failure to answer all questions may be grounds for denial.

At the time of death, was the deceased a resident of the City of Columbus? _____
If yes, please provide proof of residency.

Did the deceased receive benefits from Job & Family Services such as, Ohio Work First, Medicaid, Healthy Start, Food Stamps or any other program? _____

Who claimed the body of the deceased? Name: _____

Address: _____

When? _____ Where? _____

Did the deceased have a court appointed guardian? _____ If yes, please list name and address of the legal guardian. _____

Did the deceased have a patient care account at an extended care facility at the time of death? _____. If yes, what was the amount in the account? _____

Was the deceased a veteran? _____ If yes, has or will someone be applying for burial funds? _____

Will the body of the deceased be delivered for the purpose of medical or surgical study or dissection in accordance with Section 1713.34 of the Ohio Revised Code? _____

Was the deceased receiving Social Security benefits at the time of death? _____

Is/was there any life insurance policies for the deceased person? _____ If yes, what amount? _____

Did the deceased participate in any type of pre-paid burial fund? _____ If yes, with whom? _____

Did the deceased or does the spouse of the deceased own real estate or personal property; i.e., cars(s), furniture, appliances, etc. _____ ? If yes, please list.

Did the deceased person have a checking or savings account at the time of death or within the last twelve (12) months prior to death? _____ If yes, please list name of financial institution.

Does the spouse of the deceased have a checking or savings account or did the spouse have a checking or savings account within the last twelve (12) months prior to this application? _____ If yes, please list name of financial institution.

Will the funeral home or the estate of the deceased be receiving benefits or donations from friends, family, coworkers, neighboring business, non-profit organizations or any other burial funds? _____ If yes, list all sources. _____

SIGNATURE MUST BE NOTORIZED

STATE OF OHIO, COUNTY OF FRANKLIN:

_____, being duly sworn, deposes and
Representative for the Deceased Name - Print

says he or she is the individual making the foregoing application; and that the answers to the foregoing questions and other statements contained herein are true to the best of his/her knowledge.

Deceased's Representative Signature

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

Notary or Agent of Director of Public Safety

To be completed by Funeral Home Representative

(Application must be submitted within thirty (30) days from date of death.)

FUNERAL DIRECTOR'S INFORMATION

Applicant Name: _____

Name of Funeral Home: _____

Address of Funeral Home: _____

Funeral Home Phone #: () - Federal I.D.#: _____

FUNERAL DIRECTOR'S STATEMENT

You must include a copy of the death certificate, an itemized statement of the burial expenses for the deceased and a copy of the obituary, if any, along with this application.

NOTE: City of Columbus, Ohio Codes Chapter 145 Welfare; Burial of Indigents shall not exceed \$750.00 and shall include cemetery charges and crematory charges less the amount of any contributions, insurance or property, real or personal, or of any other thing of value which may be applied toward the burial expenses. Accepting any additional payment for burial expenses not disclosed will be grounds for prosecution.

I, _____, acknowledge that I have read and understand C.C.C. Section 145 and by signing below agree to comply with all requirements set forth therein.

SIGNATURE MUST BE NOTORIZED

STATE OF OHIO, COUNTY OF FRANKLIN:

_____, being duly sworn, deposes and
Funeral Home Applicant Name - Print

says he or she is the individual making the foregoing application; and that the answers to the foregoing questions and other statements contained herein are true to the best of his/her knowledge.

Applicant Signature

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

Notary or Agent of Director of Public Safety