

**CITY OF MADEIRA  
APPLICATION FOR INDIGENT BURIAL FUNDS**

Certain information contained in this application is a matter of public record subject to disclosure. Any false statement made or given in this application shall result in denial of payment.

Revised 12/14

Name of Deceased	Social Security Number	Date of Birth
Address	City, State, Zip	Phone
Mailing Address (if different from above)	City, State, Zip	Marital Status (circle one) Single    Married    Divorced
Date of Death	Place of Death	Employer
Employer Benefits Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income Source of Deceased	Income Amount of Deceased
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Was decedent in a nursing home or long-term care facility <input type="checkbox"/> Yes <input type="checkbox"/> No Was decedent's burial prepaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Veteran Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deceased owns: <input type="checkbox"/> Real Estate <input type="checkbox"/> Auto <input type="checkbox"/> Other
	If so, for how long?	Was decedent's care paid by Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/>
Did decedent have insurance? If so, provide name of insurance company, type of policy, policy number		Are you willing to sign an authorization for the City to obtain information from the insurance company/companies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Names of Close Relatives: _____ _____ _____	Address: _____ _____ _____	Relationship _____ _____ _____
Applicant Name	Relationship	Phone
Address	City, State, Zip	Applicant owns: <input type="checkbox"/> Real Estate <input type="checkbox"/> Auto <input type="checkbox"/> Other
Funeral Home	Funeral Director	Phone: Fax:
Address	City, State, Zip	e-mail:
Will the funeral home or the estate of the deceased be receiving benefits or donations from friends, family, coworkers, neighboring businesses, non-profit organizations or any other burial funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list sources:		

**Note: City of Madeira, Burial of Indigent works with Walker Funeral Home, 1013 E. McMillan Ave, Cincinnati, Ohio 45206, and cost shall not exceed \$595, 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.**

Return to:      City of Madeira  
City Manager's Office  
7141 Miami Ave  
Madeira, Ohio 45243

CITY OF MADEIRA, OHIO  
AFFIDAVIT OF  
INDIGENCY

State of Ohio, County of Hamilton, ss:

The undersigned, having been duly sworn, states as follows:

1. The undersigned applicant gives this affidavit pursuant to R.C. 2921.13;
2. The name of the deceased is: \_\_\_\_\_;
3. The legal residence of the deceased is: \_\_\_\_\_;

Being without funds to pay funeral expenses for the above deceased, I hereby make application to the City of Madeira, Ohio, for city burial benefits, and agree to reimburse the City of Madeira, Ohio, for any money paid by the City to defray these expenses in the event any money is recovered from insurance or other death benefits.

WARNING: DO NO SIGN THIS FORM IF ANY OF THE ABOVE INFORMATION IS INCORRECT. FALSIFICATION IS A CRIME UNDER SECTION 2921.13 OF THE REVISED CODE, PUNISHABLE BY THE SANCTIONS UNDER CHAPTER 2929 OF THE REVISED CODE, INCLUDING A TERM OF IMPRISONMENT UP TO 6 MONTHS, A FINE OF UP TO \$1,000 OR BOTH.

I declare the above information is true and correct:

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_ County of \_\_\_\_\_, and State of \_\_\_\_\_

\_\_\_\_\_  
Notary's signature

CITY CERTIFICATION

[ I have determined that the deceased meets the criteria for receiving city burial benefits.

[ I have determined that the deceased does not meet the criteria for receiving city burial benefits.

\_\_\_\_\_  
City Representative's Signature

\_\_\_\_\_  
Date