

FRANKLIN TOWNSHIP WARREN COUNTY, OHIO

CEMETERY DEPARTMENT

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INDIGENT  
DISPOSITION  
APPLICATION



FRANKLIN TOWNSHIP WARREN COUNTY, OHIO

CEMETERY DEPARTMENT

Return this completed application to:

Franklin Township  
Attn: Darryl Cordrey  
418 Fairview Dr.  
Franklin, OH 45005  
Darryl.Cordrey@FranklinTownshipOhio.us  
937-746-2852

EXHIBIT A

INDIGENT BURIAL AGREEMENT  
AFFIDAVIT OF FUNERAL HOME DIRECTOR

STATE OF OHIO            )  
                                  ) ss:  
COUNTY OF WARREN    )

I, \_\_\_\_\_, (the "Affiant"), being duly sworn, do depose and state that:

1. I am a duly licensed director of \_\_\_\_\_ ("Funeral Home") located at \_\_\_\_\_.
2. As the funeral director I am responsible for all aspects of the burial or cremation of the deceased including the funeral arrangements and funeral rites.
3. This Affidavit of Funeral Director is provided in accordance with a certain Indigent Burial Agreement of even date herewith for the burial or cremation of \_\_\_\_\_, (the "Decedent")
4. Neither the Affiant nor the Funeral Home has received any type of compensation for burial or cremation services associated with the Decedent.
5. To the best of Affiant's knowledge, Decedent died an indigent resident of the unincorporated portion of the Township of Franklin, Warren County Ohio and qualifies for indigent burial or cremation pursuant to Ohio Revised Code §9.15.
6. AFFIANT CERTIFIES HE/SHE HAS READ AND UNDERSTANDS THE TRUTH AND COMPLETENESS OF THE STATEMENTS HEREIN AND UNDERSTANDS AND ACKNOWLEDGES THESE STATEMENTS ARE FOR THE EXPRESS PURPOSE OF INDUCING THE TOWNSHIP OF FRANKLIN, OHIO TO PAY FOR INDIGENT BURIAL SERVICES PROVIDED BY THE FUNERAL HOME AND UNDERSTANDS THAT ANYONE WHO FURNISHES FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL PROSECUTION AND/OR CIVIL LIABILITY.

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Further Affiant sayeth naught.

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
NOTARY PUBLIC

# FRANKLIN TOWNSHIP WARREN COUNTY, OHIO

## CEMETERY DEPARTMENT

### EXHIBIT B

#### TOWNSHIP OF FRANKLIN, OHIO FINANCIAL DISCLOSURE & AFFIDAVIT OF INDIGENCY

I. PERSONAL INFORMATION			
Applicant's Name	D.O.B.	SSN (Last 4 Digits)	Gender
Mailing Address (Applicant)		City	State      Zip Code
Deceased's Name	Deceased's D.O.B.	Deceased's SSN (Full)	Deceased's Gender
Mailing Address (Deceased)		City	State      Zip Code
Phone Number	Cell Phone	E-mail	Deceased's Religion:
Does the deceased's religion prevent him/her from being cremated or specify a type of required disposition according to religious requirements?			
<b>Deceased's Race:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African-American / Black <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Spanish / Latino <input type="checkbox"/> White <input type="checkbox"/> Other			
II. OTHER PERSONS LIVING IN HOUSEHOLD			
Name (1)	D.O.B.	Relationship	
Name (2)	D.O.B.	Relationship	
Name (3)	D.O.B.	Relationship	
Name (4)	D.O.B.	Relationship	
Name (5)	D.O.B.	Relationship	
Name (6)	D.O.B.	Relationship	
III. INCOME AND EMPLOYER			
	Applicant	Spouse	Total
<b>Gross Monthly Employment Income</b>			
<b>Unemployment, Worker's Compensation, Child Support, Alimony, Other Types of Income</b>			
<b>TOTAL INCOME</b>			<b>\$</b>
Employer's Name		Employer's Phone Number	
Employer's Address			

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IV. LIQUID ASSETS	
Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$
Stocks, Bonds, CDs	\$
Other Liquid Assets or Cash on Hand	\$
<b>Total Liquid Assets</b>	<b>\$</b>

V. MONTHLY EXPENSES			
Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out		Telephone	
Child Care (Only if working)		Transportation / Fuel	
Insurance (Medical, Dental, Auto, etc.)		Taxes Withheld or Owed	
Medical / Dental Expenses or Associated Costs of Caring for Infirm / Dependent Family Member		Credit Card, Other Loans	
Rent / Mortgage		Utilities (Gas, Electric, Water / Sewer, Trash)	
Food		Other (Specify)	
<b>Expenses</b>	<b>\$</b>	<b>Expenses</b>	<b>\$</b>
<b>TOTAL EXPENSES</b>			<b>\$</b>

**VI. DETERMINATION OF INDIGENCY**

Pursuant to Ohio Revised Code § 9.15(C), an “indigent person” means a person whose income does not exceed one hundred and fifty percent (150%) of the federal poverty line, as revised annually by the United States Department of Health and Human Service in accordance with Section 673(2) of the Omnibus Budget Reconciliation Act of 1981, 95 Stat. 511, 42 U.S.C. § 9902, as amended, for a family size equal to the size of the person’s family.

If the applicant’s Total Income in Section III is at or below 150% of the Federal Poverty Guidelines, the applicant qualifies for Indigent Disposition under Ohio Revised Code § 9.15.

If the applicant’s Total Income in Section III and IV is above 150% of the Federal Poverty Guidelines, but the applicant is unable to pay for disposition costs after monthly expenses in Section V, the applicant may qualify for Indigent Disposition under Ohio Revised Code § 9.15, but it is up to the discretion of the Township of Franklin whether or not the applicant will qualify for Indigent Disposition.

For the updated Poverty Thresholds, see Attachment A to this application.

**VII. APPLICANT CERTIFICATION**

I, \_\_\_\_\_ (Affiant), as next of kin or the person with knowledge of the Decedent, being duly sworn, do depose and state:

1. Affiant’s relationship to the Decedent is as follows: \_\_\_\_\_.
2. Decedent died as a resident unincorporated portion of the Township of Franklin, Warren County Ohio, having the address stated on this application. Proof of residency of the unincorporated portion of the Township of Franklin, Warren County Ohio is attached.
3. To the best of Affiant’s knowledge, the Decedent is indigent and has no real or personal property, employment benefits, pensions, annuities, social security, unemployment compensation, inheritances, life or other insurance policies, and/or other assets.
4. I  **am** OR  **am not** claiming the body of the Decedent.
5. If I am claiming the body of the Decedent, I am financially  **able** OR  **unable** to provide or pay for the burial or cremation of the Decedent.
6. If it is determined and/or discovered that the Decedent died owning assets, property, and/or life or other insurance benefits sufficient to cover the Decedent’s burial expenses, Affiant agrees to reimburse the Township of Franklin, Ohio for all disposition costs and expenses.

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7. If it is determined by the Township of Franklin that I financially could have provided for the costs of disposition, I may be required to reimburse the Township of Franklin for the costs provided. Any action filed by the Township of Franklin must be brought within two (2) years of the date of disposition.

8. To the best of Affiant's knowledge, neither the funeral director nor the funeral home has received any compensation, either directly or indirectly, in any form, for the cremation of the Decedent.

9. Affiant hereby consents to the  **cremation**

10. Affiant hereby certifies that he/she has read and understands the truth and completeness of this Financial Disclosure & Affidavit of Indigency and all statements herein and understands and acknowledges these statements are for the express purpose of requiring the Township of Franklin, Ohio to pay for indigent burial services provided by the funeral home and understands that anyone who furnishes false or misleading information is subject to criminal prosecution and/or civil liability.

Further Affiant sayeth naught.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
NOTARY PUBLIC

FRANKLIN TOWNSHIP WARREN COUNTY, OHIO

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FOR INTERNAL USE ONLY

Deceased: \_\_\_\_\_

Applicant: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

Sent to Cemetery Department: \_\_\_\_\_

Received from Cemetery Department: \_\_\_\_\_

Recommendation from Cemetery Department:     **Approve**     **or**     **Deny**

Township Administrator Approval:

\_\_\_\_\_  
Darryl Cordrey, Township Administrator

\_\_\_\_\_  
Date

Notified Funeral Home: \_\_\_\_\_

Payment Requested: \_\_\_\_\_