

Disposition of Indigent Remains

Application for Assistance

Salt Lake County Health Department (SLCoHD) recognizes that cremation is a socially acceptable and dignified process for the disposition of human remains and has contracted with a local mortuary for cremation services.

SLCoHD provides financial assistance for the cremation of deceased people:

- who have no known next of kin and who leave insufficient funds for their final disposition, or
- whose next of kin cannot afford—or choose not—to be responsible for final disposition.

NOTICE TO APPLICANTS

- Both the decedent and applicant must meet eligibility criteria to be considered indigent for the purposes of indigent cremation services.
- By submitting this application, the applicant understands and agrees that cremation at SLCoHD's expense will be conducted by the contracted mortuary.
 - If the decedent is a victim of a homicide, at SLCoHD's discretion the remains may be buried at the county's expense in a plot designated and paid for by SLCoHD.
- SLCoHD is the payor of last resort and will not pay for:
 - any funeral or memorial service
 - an urn or container for the cremains
 - costs of interment or burial
 - costs for the transportation of the cremains to a final resting place
- Incomplete applications will not be processed.



Indigency Definitions
and Income Verification:
[SLCo.to/IndigentDeaths](https://slco.to/IndigentDeaths)

Section 1: Decedent Information

Last Name		First Name		Date of Death
State File Number	Monthly Income at death	Income Source	Cash Found on Remains	
Did decedent have life insurance?	Yes (benefit amount: \$_____; please attach a copy of the policy)			
	No			
	Unknown			

This is a **private** record under Utah Code 63G-2-302. Our privacy policy is available at [SLCo.to/PrivacyPolicy](https://slco.to/PrivacyPolicy).

Salt Lake County Health Department collaborates with communities to promote and protect community and environmental health

[SaltLakeHealth.org](https://saltlakehealth.org)

Section 2: Applicant Information

Last Name First Name Relationship to Deceased

Street Address City State ZIP

Telephone Email

Optional:

Initial if true: _____ Due to financial hardship or personal choice, I intend to forfeit my rights to the cremated remains of the decedent listed on this application.

If initialed:

- *Skip Section 3 of this application and proceed to Section 4.*
- *Complete and attach the "Affidavit of Relinquishment of Right to Indigent Remains Disposition" form.*

Section 3: Applicant Finances

Total number of people in household (as claimed on federal taxes): _____

Gross Monthly Income: _____

Attach proof of **ALL** income received by all household members. A list of income types and acceptable documentation is available at SLCo.to/IndigentDeaths



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I certify that the information supplied in this application is accurate and correct to the best of my knowledge. **The submission of this application containing any material misrepresentation or omission may subject the applicant to criminal prosecution and a civil action for the reimbursement of public funds including the costs of reasonable attorney fees and expenses incurred by Salt Lake County and this office to collect any improperly disbursed funds.**

I intend to retain my rights to the cremated remains ("cremains") and will arrange to pick them up once they are available. I understand that this right applies only if I complete and am approved for assistance via the SLCoHD indigent cremation program. If I do not qualify or fail to complete the application, the SLCoHD may assume responsibility for the final disposition under Utah Code §§ 58-9-602. If I do not claim the cremains within 30 days of notification, or cannot be reached after reasonable attempts, the SLCoHD may take custody and respectfully dispose of them in accordance with law.

If this section is left blank, an "Affidavit of Relinquishment of Right to Indigent Remains Disposition" must accompany this application.

By signing below, I understand and agree to these terms and conditions.

Applicant Signature

Date

Section 4: Mortuary Information

Mortuary Name _____ Agent Name _____ Agent Title _____

Street Address _____ City _____ State _____ ZIP _____

Telephone _____ Email _____

Date of Intake: _____ Cause of Death: Homicide Other

Death Certificate Attached: Yes No (state reason for no certificate: _____)

Additional cost: 200-299 (\$75) 300-399 (\$500) 400+ (consult with SLCoHD)

Please list everyone you have contacted to locate relatives or other parties to take possession of the deceased indigent individual's remains and receive payment for final disposition. Include additional pages, if necessary.

Date _____ Name _____ Relationship to Deceased _____ Method of contact _____

Summary of interaction

Date _____ Name _____ Relationship to Deceased _____ Method of contact _____

Summary of interaction

Date _____ Name _____ Relationship to Deceased _____ Method of contact _____

Summary of interaction

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Summary of interaction

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Summary of interaction

Method of Disposition: Cremation Burial (county plot reimbursement for homicide victims only)

I have reviewed the documentation applicant provided and affirm that it appears complete for purposes of this application.

Agent Signature _____ Date _____