INDIGENT DECEDEDENT SERVICES PROGRAM

The La Paz County Public Fiduciary is the government entity that has been authorized by the La Paz County Board of Supervisors to administer the Indigent Decedent’s Service Program and Application process. This program provides for burial when there is no person financially able, or when no estate exists to defray cost of burial. Pursuant to A.R.S.§ 36-831(A) Spouse; Parent of a Minor Child; or an Adult Child, if financially capable, has a legal responsibility to provide for burial. If a person, with legal responsibility fails to bury the decedent in a reasonable time he or she is liable for damages.

In order to participate in the Indigent Burial Program, an application must be filed with the La Paz County Public Fiduciary. The La Paz County Public Fiduciary is the county agent who investigates the availability of resources to defray the cost of burial and determines the eligibility status and financial responsibility of the applicant applying for burial assistance. The decedent’s assets if any will be sold to recover costs to the county.

The investigation involves but is not limited to: verifying bank accounts, insurance claims, veteran’s eligibility, vehicle ownership, real property ownership, personal property ownership, and property secured by medical facilities, employer’s benefits, social security benefits, income and resources.

This investigation will determine if an action under A.R.S.§ 36-831(B), “County Burial Responsibility” is appropriate. This office can provide you with a copy of this statue for review.

Upon receipt of the application, the office of the Public Fiduciary will investigate the eligibility of the application.

Upon completion of the investigation a determination will be made. Completed applications may be delivered, mailed or faxed to:

La Paz County Public Fiduciary
1105 14th Street
Parker, Arizona 85344
Ph: 928-669-6163 – Fax: 928-669-8713

The Public Fiduciary Office will notify the funeral home and cemetery of the approval or denial of full or partial county assistance and the amount of financial assistance available.
FUNERAL HOME SERVICES: The services provided are set forth between La Paz County and the provider.

INDIGENT BURIAL SERVICES: Graveside cemetery ceremonies are not feasible for decedents approved for indigent burial in the Parker Cemetery in Arizona. Veterans will be buried in the Veteran’s designated area based upon the DD214 (Military Discharge Certificate) being provided and verified. Indigent burials will not receive embalming services or a vault, non veteran indigent burials will be placed in the “potters” field. They will receive a headstone.

DEATH CERTIFICATES: Death certificates must be applied for through the La Paz County Health Department 1112 Joshua, Suite 206, Parker, AZ 85344 (928) 669-1100 Death Certificates cannot be requested until the Deceased has been buried and/or cremated.

PAYMENT: The costs to the county are based on current contracts with the independent contractors.

The option of donating a loved one’s body for organ donation and/or research is available to all families of deceased persons and can be researched online at: www.sciencemart.com or contact your local funeral home. Most companies that receive a donor will cremate the remains and return them to the families. Please check with each donor organization.

La Paz County Public Fiduciary is located at 1105 14th Street, Parker, Arizona 85344; phone (928) 669-6163, Appointments are encouraged and are available from Monday-Thursday, 7:00 A.M. – 5:00 P.M. Our Office is closed on Fridays.
APPLICATION TO LA PAZ COUNTY BOARD OF SUPERVISORS FOR INDIGENT SERVICES

DECEDEENT INFORMATION

Name: ___________________________ Date: ___________________________

Last known Address: ____________________________________________

First Mi

Street Address Apt/Unit #

City State Zip Code

Social Security No. ___________________________ Date of Birth: __________

Date of Death: ___________________________

Cause of Death: ___________________________ Place of Death ___________________________

Was Decedent in receipt of Social Security? Yes ☐ No ☐ Direct Deposit Yes ☐ No ☐

Was Decedent in Receipt of any pensions? Yes ☐ No ☐

Which Financial Institution did decedent bank at?

(A copy of the last bank statement is required)

Does the decedent own any real property if so please list:

_________________________________________________________________

_________________________________________________________________

Does the decedent own any vehicles, boats etc, if so list:

_________________________________________________________________

Does the decedent own any personal property: (jewelry, household items etc) that can be sold in order to defer the burial costs:

_________________________________________________________________

Can the decedent or next of kin assist in paying for some of the burial costs? If so how much

_________________________________________________________________
NEXT OF KIN

Please list spouse, parents and children.

Name: ___________________________ Relationship: ___________________________
Address: ___________________________ Phone: ___________________________

Name: ___________________________ Relationship: ___________________________
Address: ___________________________ Phone: ___________________________

Name: ___________________________ Relationship: ___________________________
Address: ___________________________ Phone: ___________________________


IF DECEASED IS A VETERAN (INFORMATION)
PLEASE ATTACH A COPY OF DD214 FORM (HONORABLE DISCHARGE PAPERS)

Veteran Yes ☐ No ☐ If yes, please refer to the Veterans Section of the packet to fill out additional information

<table>
<thead>
<tr>
<th>Veteran’s File Number</th>
<th>Branch:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Status:</td>
<td>Honorable:</td>
</tr>
<tr>
<td>If the Veteran served under another name, please show</td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

Was the cause of death service related? ☐ Yes ☐ No ☐ Is decedent receiving VA Benefits? ☐ Yes ☐ No

DEATH CERTIFICATE INFORMATION

Place of Birth: ___________________________ Occupation: ___________________________

Fathers Name: ___________________________ Mothers Name: ___________________________

How Long In Arizona: ___________________________ Previous State or Residence: ___________________________

Race: ___________________________ Education ___________________________
**INFORMATION ABOUT THE PERSON APPLYING FOR INDIGENT CREMATION OR BURIAL**

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
</tbody>
</table>

| Mailing Address: |

| Social Security #: | Relationship to Deceased: | No. of Dependents: |

If you cannot afford a complete burial/cremation, what can the family afford to contribute? $__________________________

**INCOME**

<table>
<thead>
<tr>
<th>Employment:</th>
<th>Amount of Income:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Un-Employment:</td>
<td>Amount of Income:</td>
</tr>
<tr>
<td>SS/Pension:</td>
<td>Amount of Income:</td>
</tr>
<tr>
<td>ADC,GA, Food Stamps:</td>
<td>Amount of Income:</td>
</tr>
<tr>
<td>Other:</td>
<td>Amount of Income:</td>
</tr>
</tbody>
</table>

**ASSETS**

<table>
<thead>
<tr>
<th>Home:</th>
<th>Value: $</th>
<th>Amount Owed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real Estate:</td>
<td>Value: $</td>
<td>Address:</td>
</tr>
<tr>
<td>Vehicle:</td>
<td>Year:</td>
<td>Make:</td>
</tr>
<tr>
<td>Vehicle:</td>
<td>Year:</td>
<td>Make:</td>
</tr>
</tbody>
</table>

**LIQUID ASSETS**

<table>
<thead>
<tr>
<th>Total Cash:</th>
<th>$</th>
<th>Jewelry:</th>
<th>Value: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Acct Total</td>
<td>$</td>
<td>Savings Acct Total</td>
<td>$</td>
</tr>
<tr>
<td>Stocks:</td>
<td>Value: $</td>
<td>Bonds:</td>
<td>Value: $</td>
</tr>
</tbody>
</table>

A CURRENT BANK STATEMENT IS REQUIRED WHEN APPLYING FOR INDIGENT SERVICES CERTIFICATION

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENT OF FACTS IS TRUE AND CORRECT.

I UNDERSTAND THAT EACH STATEMENT IS SUBJECT TO INVESTIGATION AND VERIFICATION. THAT PROOF IS REQUIRED FOR EACH STATEMENT AND MY SIGNATURE CONSTITUTES AUTHORIZATION FOR SUCH INVESTIGATION.

__________________________________  _________________________
Applicants/Affiant's Signature     Date