



SHANNON D. DICUS, SHERIFF-CORONER

### Coroner Division

175 S. Lena Road, San Bernardino, CA 92415  
(909) 387-2978 / FAX (909) 387-2989

## Request for Indigent Interment (Cremation) by Legal Next of Kin of Deceased

Having been informed of my rights and duties and the penalties for non-compliance as set forth in the Health and Safety Code, Sections 7100 and 7103, under penalty of perjury I state that I am financially unable to fulfill my legal obligation of Interment of \_\_\_\_\_, deceased and request that the County of San Bernardino assume the responsibility. I submit the following personal and financial to substantiate my request:

CORONER CASE #: \_\_\_\_\_

### DECEDENT INFORMATION:

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_  
*Full Name*  
Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
*Street City State Zip Code*

Applicant Employer \_\_\_\_\_ Monthly Income \_\_\_\_\_  
Other source of income or means of support (list below) \_\_\_\_\_ Monthly Income \_\_\_\_\_  
Total \_\_\_\_\_

*Social Security Veterans Retirement Dividends Public Assistance VA Other*

Savings \_\_\_\_\_ Account No. \_\_\_\_\_ Balance \_\_\_\_\_  
*Bank*

Life Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_ Value \_\_\_\_\_

Real Property  Yes  No \_\_\_\_\_ Property Value \_\_\_\_\_

Please list address \_\_\_\_\_  
*Street City State Zip Code*

Mortgage Company \_\_\_\_\_ Balance Owed \_\_\_\_\_

Vehicles \_\_\_\_\_  
*Make/Model Year License No.*

Any other assets?  Yes  No *(If "Yes", please list below and give total value.*

Value \_\_\_\_\_  
Total Assets \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct. I hereby authorize the release of all information and persons regarding my financial status to a representative of the San Bernardino County Sheriff-Coroner Department. I agree to reimburse the County of San Bernardino, not to exceed the total cost of the County, any monies received from Social Security and/or sources for burial expenses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_