

**NASSAU COUNTY INDIGENT BURIAL/CREMATION APPLICATION/AFFIDAVIT**

**Applicant's Information (Next of Kin/Informant)**

Name of the Applicant \_\_\_\_\_ Application Date \_\_\_\_\_  
Address of Applicant \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

**Deceased Information**

Name of Deceased \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth (City/State) \_\_\_\_\_  
Address \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_  
Date and Time of Death \_\_\_\_\_ Location of Death \_\_\_\_\_  
Location of Remains \_\_\_\_\_  
Length of Residency \_\_\_\_\_ Occupation/Employer \_\_\_\_\_  
Veteran of War? \_\_\_\_\_ Branch of Service \_\_\_\_\_  
Marital Status \_\_\_\_\_ If Married, Spouse Name \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Father's Employer/Occupation \_\_\_\_\_  
Mother's Employer/Occupation \_\_\_\_\_

**Attach a copy of a valid Florida Drivers License or Florida Picture Identification Card.**

**The following financial information is used to determine if the County can remit funds:**

**Deceased**

Monthly Income \_\_\_\_\_ Source of Income \_\_\_\_\_  
Any Bank Accounts – *yes or no* \_\_\_\_\_ Account Balance \$ \_\_\_\_\_ (include copies of two months of bank statements)  
Name and Location of Bank(s) \_\_\_\_\_  
If in a nursing home, how much in Medicaid does deceased have in personal spending account \$ \_\_\_\_\_  
Life Insurance – *yes or no* \_\_\_\_\_. If yes, provide copy of Life Insurance policy.  
Trust Fund – *yes or no* \_\_\_\_\_. If yes, provide copy of Life Insurance policy.

**Applicant**

Monthly Income \_\_\_\_\_ Source of Income \_\_\_\_\_  
Any Bank Accounts – *yes or no* \_\_\_\_\_ Account Balance \$ \_\_\_\_\_ (include copies of two months of bank statements)  
Name and Location of Bank \_\_\_\_\_

The undersigned affiant, does hereby under oath acknowledge and agree that under penalties of perjury, I declare the above statements to be true to the best of my knowledge and belief.

Additional Information: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name \_\_\_\_\_

**THE INFORMATION PROVIDED MAY BE VERIFIED BY THE COUNTY.**

(Signatures continue on the next page)

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_ 2017, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
Notary Public

Printed Name

My Commission Expires: \_\_\_\_\_

**Funeral Home Provider:**

This affidavit is submitted by the Funeral Home Provide:

Company \_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_

Printed Name of Authorized Representative \_\_\_\_\_

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

Contact Information:

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

COMMENTS (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_