

**APPLICATION FOR DETERMINATION OF INDIGENT STATUS**

Under Alabama law, the Marshall County Commission is financially responsible for the disposition of remains when a deceased has no estate and leaves no relatives in the county with the ability or estate adequate to defray his necessary burial expenses. Ala. Code § 38-8-2 (1975).

**Information on Individual(s) completing this application**

1. Name: \_\_\_\_\_ Relationship to the Deceased: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to the Deceased: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**Information on the Decedent**

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Date of death \_\_\_\_\_

5. Location of death \_\_\_\_\_

6. Name of spouse, if the deceased was married \_\_\_\_\_

7. If the Decedent was not married, the name of the former spouse \_\_\_\_\_

8. If the Decedent was divorce, what was the approximate date of divorce and the county  
in which the divorce was granted \_\_\_\_\_

9. Name and Address of the Child(ren) of the Decedent \_\_\_\_\_

\_\_\_\_\_

Children of the Decedent continued \_\_\_\_\_

\_\_\_\_\_

10. The Social Security Number of the deceased

\_\_\_\_\_

11. At the time of death, was the Decedent on Medicaid? [Yes/No] \_\_\_\_\_

12. If yes, year Medicaid was approved. \_\_\_\_\_

13. At the time of death, the Decedent's income of \$ \_\_\_\_\_

14. At the time of death, the Decedent's retirement/pensions, if any \$ \_\_\_\_\_

15. At the time of death, was the Decedent a beneficiary of any trust agreement? \_\_\_\_\_

16. If yes to Number 14, please describe \_\_\_\_\_

17. Was the Decedent a Veteran? \_\_\_\_\_

18. If yes to Number 16, which branch? \_\_\_\_\_

19. At the time of death, did the Decedent own real property? \_\_\_\_\_

20. If yes to Number 18, please describe \_\_\_\_\_

21. At the time of death, did the Decedent own Stocks or Bonds? \_\_\_\_\_

22. If yes to Number 20, please describe \_\_\_\_\_

23. At the time of death, did the Decedent own and financial accounts? \_\_\_\_\_

24. If yes to Number 22, please describe \_\_\_\_\_

25. At the time of death, what was the Decedent's approximate net worth? \_\_\_\_\_

26. At the time of death, did the Decedent own personal property exceeding \$1,000 in aggregate value? \_\_\_\_\_

27. List Items of personal property of Decedent\_\_\_\_\_

28. Total liabilities of the Decedent\_\_\_\_\_

29. Did the Decedent transfer away any assets of value two (2) years prior to death?

\_\_\_\_\_

30. If yes to Number 28, please describe\_\_\_\_\_

31. In what year did the Decedent last file income taxes?\_\_\_\_\_

32. Please attach the tax return for the last year filed.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

\_\_\_\_\_  
Signature

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:\_\_\_\_\_