



San Mateo County Coroner's Office

Robert J. Foucrault, Coroner
225 37th Avenue, 3rd Floor, Suite A31
San Mateo, CA 94403
(650) 312-5562 Fax: (650) 571-6258

INDIGENT CREMATION APPLICATION INSTRUCTIONS

The following are instructions for completing a request to the San Mateo County Coroner's Office for the disposition of unclaimed human remains. **This packet is to be completed** when requesting the San Mateo County Coroner's Office to take custody of human remains (including fetal remains of 20 weeks gestation or more) which are unclaimed pursuant to Health and Safety Code §7104.

This packet contains:

- Indigent Cremation Application Cover Letter
- Decedent and Next of Kin Information form
- Financial Statement of Next of Kin form

INSTRUCTIONS:

General Information: Before you may request the Coroner to take custody a decedent's remains, because the decedent is indigent or unclaimed, you must satisfy certain legal requirements. The instructions and forms in this packet are designed to help you satisfy those requirements and ensure that your request is handled properly and without delay. Your cooperation in fully completing these forms and following the instructions attached to this packet will further ensure your request is processed promptly.

Relinquishment: By signing this document and requesting the Coroner to take custody of a decedent's remains, you are stating you are relinquishing all rights to possession of the decedent's cremains. The cremains will not be in a location where next-of-kin can visit.

Indigent Cremation Cover Letter: This form serves as a cover letter when requesting the Coroner to accept indigent or unclaimed remains. It must be completed and attached to all other forms and documents on each request submitted to the Coroner.

Decedent and Next of Kin Information Form: This form asks you to provide demographic information about the decedent, to list all known next of kin and to document your efforts to locate next of kin to take responsibility for the disposition of the remains. In order to satisfy your requirement to comply with California Health and Safety Code Section 7104, you must make a diligent search for next of kin and if they are located, make them aware that pursuant to California Health and Safety Code Section 7100, they not only have the right to control the disposition of the decedent, but they also have a duty and the liability to pay the costs of disposition. The intended purpose of this diligent search, of course, is to hopefully locate the next

Decedent's Name: _____ Coroner Case Number: _____

of kin who will assume their proper legal responsibilities. If this is accomplished, there is no need for the Coroner to be involved.

You must document your efforts; however, to locate next of kin by making clear and detailed notes on this form. For example:

05/23/2014, 9:23 am- I telephoned the decedent's landlord, John Smith (123-456-7890). Smith said that the decedent lived alone for 9 years and never heard the decedent speak of any family or friends.

05/23/2014, 9:23 am-I contacted the decedent's landlord, John Smith (123-456-7890). Smith said that the decedent had a brother named Michael who lived out of state and can be reached at (123-456-7890).

05/23/2014, 9:38 am-I contacted the decedent's brother, Michael Jones, and he confirmed he is the decedent's only living relative. Michael also said that he is unable to pay for his brother's final disposition arrangements.

California Health and Safety Code Section 7103 states, in part, that it is a crime for any person upon whom the duty of interment falls, to fail to perform that duty. It also states that anyone failing to perform the duty of interment is **liable** to pay the person performing the duty **three times the expenses** incurred for making the interment.

If you are unable to keep the decedent's remains while you are making your diligent search for next of kin, you may need to make arrangements with a mortuary to store the remains until your diligent search is done. If you choose to have the remains stored by a mortuary, the cost of the storage must be paid by your facility and it is **not to be paid from the decedent's trust account or other assets**.

When You Have Completed Your Diligent Search for Next of Kin:

California Health & Safety Code Section 7104(a) provides that, "[w]hen no provision is made by the decedent, or where the estate is insufficient to provide for interment and the duty of interment does not devolve upon any other person residing in the state or if such person cannot after reasonable diligence be found within the state the person who has custody of the remains may require the coroner of the county where the decedent resided at time of death to take possession of the remains and the coroner shall inter the remains in the manner provided for the interment of indigent dead."

Thus, if an indigent is a resident of San Mateo County and, after making a diligent search, you cannot locate any legal next-of-kin of the decedent who reside in California, you may request that the Coroner's Office take possession of the remains pursuant to Health and Safety Code Section 7104(a).

It is important to note that **the law does not require** the San Mateo County Coroner's Office to take possession of the remains where a decedent's legal next-of-kin who reside in California have been located (regardless of their ability to pay the costs of the disposition) **nor does the law allow** you to request that the San Mateo County Coroner's Office take possession of unclaimed remains if the decedent is a resident of another county. Where the decedent is a resident of

Decedent's Name: _____ Coroner Case Number: _____

another county, you must contact the coroner of the county where the decedent resided at the time of death to take possession of the remains pursuant to Health & Safety Code Section 7104.

Financial Statement of Next of Kin Form: This form is only required when the next-of-kin of a San Mateo County indigent decedent are located but (1) they reside ***outside*** California and (2) claim that they are financially unable to pay the cost of disposition. Under those circumstances, you should instruct the next-of-kin complete the "Financial Statement of Next of Kin" form. If the next-of-kin do not have the financial means to pay for the cost of disposition, the law may exempt them from that legal responsibility if they can show proof that they cannot afford it.

As a separate matter, where the legal next-of-kin of an indigent San Mateo County decedent reside in California and are financially unable to pay the costs of disposition, they may request an indigent cremation by submitting a "Financial Statement of Next of Kin" form. After reviewing the application, a determination will be made as to whether the next-of-kin is/are eligible for an indigent cremation. If determined to be eligible, they will be notified of their eligibility and will be provided the cost of the cremation. If a request for shipment of cremated remains is requested, an additional fee will be required. ***All fees must be paid in full before cremation occurs.*** Please note that the San Mateo County Coroner ***is not required*** to take possession of a decedent's remains under these circumstances and will only do so ***after all required fees have been paid*** by the legal next-of-kin.

DISPOSITION INSTRUCTIONS:

If you request the San Mateo County Coroner to take possession of unclaimed remains, the following steps must be taken before the decedent will be removed from your facility or from the mortuary you may have selected to provide you with temporary storage.

- 1) The original "**Indigent Cremation Application Cover Letter**" must be completed and attached to all other documents submitted to the Coroner.
- 2) The original "**Information on Decedent and Next of Kin**" form must be fully completed and signed by the person who is accepting responsibility for the diligent search.
- 3) All original "**Financial Statement of Next of Kin**" forms must be appropriately completed and signed by each next of kin, if applicable.
- 4) If the decedent is to be removed by the Coroner, you must provide the name of the certifying physician and the contact information where the physician works.
- 5) After making the request for removal to the Coroner, the entire packet must be faxed or delivered to the Coroner for review. If the Coroner approves the packet, then you will be advised of a removal date. If the packet is not approved, you will be advised of the reason for the rejection.

If you have any questions regarding the completion of death certificates or burial permits, please contact the San Mateo County Vital Records Office at (650) 573-2395.

Decedent's Name: _____ Coroner Case Number: _____

INDIGENT CREMATION APPLICATION COVER LETTER

To:
San Mateo County Coroner's Office
225 37th Avenue
3rd Floor, Suite A31
San Mateo, CA 94403
(650) 312-5562 – (650) 571-6258 fax

From: _____

Phone: _____

The request is hereby made to the San Mateo County Coroner, pursuant to California Health and Safety Code Section 7104, to remove the body of:

Decedent's Name: _____

Location of Remains: _____

Date of Death: _____ Time of Death: _____

The following forms or documents are included with this cover letter: *Check all that apply*

- The original **“Decedent and Next of Kin Information”** form *(required)*
- Rejection letter from the San Mateo County Public Administrator's Office must be included *(required)*
- All original **“Financial Statement of Next of Kin”** forms, appropriately completed and signed by each known next of kin *(if applicable)*
- A completed **Death Certificate** certified by a physician which has been filed with the Health Department and copies 1, 2, and 3 of the originally filed **Permit for Disposition** of Human Remains *(required)*

I certify that I have made a diligent effort to locate the decedent's next of kin, and if they were found, I made them aware of their responsibility for the proper disposition of their relative. I declare under penalty of perjury, pursuant to the laws of the State of California that the foregoing is true and correct.

Executed in _____ (location), on _____ (date)

Print Name and Title

Signature

Office Use Only

Deputy Coroner Reviewed

Date

Coroner Approved

Date

Decedent's Name: _____ Coroner Case Number: _____

DECEDENT AND NEXT OF KIN INFORMATION

This form is intended to be completed by the person who is assuming responsibility for compliance with California Health and Safety Code Section 7104.

Background of Decedent **For any section where information is not known, please write "unknown".*

Legal Name (last, first, middle): _____

Known aliases: _____ Decedent's Race: _____

Date of Birth: _____ Birth State/Foreign Country: _____

Date of Death: _____ Time of Death: _____ Date Admitted into Facility: _____

Place of Death: _____

Certifying Physician: _____ Phone Number: _____

Cause of Death: _____

Residence at Time of Death: _____ Years in County: _____

Was the decedent's prior residence outside of San Mateo County? Yes No Unknown

If so, which county? _____ Have you called this county for information? Yes No

Results of Inquiry: _____

Marital Status: Single Married Widowed Divorced Unknown Other: _____

Was the Decedent a Veteran? Yes No Unknown

If yes, did the decedent die at a veteran's facility (hospital or care facility)? Yes No

Usual Occupation: _____ Years in Occupation: _____

Kind of Business/Industry: _____ Education (Highest level/degree): _____

Father's Name (last, first, middle): _____

Mother's Maiden Name (last, first, middle): _____

Father's Birth State/Foreign Country: _____

Mother's Birth State/Foreign Country: _____

Name of Conservator: _____ Phone #: _____

Decedent's Name: _____ Coroner Case Number: _____

Financial Status of Decedent

Name, address, and phone number of payee or representative payee receiving monthly income:

Monthly Income: \$ _____ Source: _____ Trust Balance: _____ Will: Yes No

Medicare #: _____ Medi-Cal #: _____ SSN: _____

Bank Name: _____ Branch: _____ Account #: _____

List of Personal Property at Facility: _____

List of Identified Next of Kin / Friends

Pursuant to H&S Code §7100, the right to control disposition of the remains of a deceased person, unless other directs have been given by the decedent, the duty of interment and the liability for the costs of interment devolves upon the following next of kin in the order listed: any spouse, child, parent, sibling, niece/nephew, grandparent and first cousin.

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Each next of kin listed must complete the "Financial Statement of Next of Kin" form if they claim to be financially unable to pay the cost of disposition.

Decedent's Name: _____ Coroner Case Number: _____

Efforts Made to Identify and Contact Next of Kin *Check all completed*

- Interviewed person signing as responsible party for the decedent while at the facility
- Contacted county hospitals for information from old medical charts
- Reviewed decedent's records / medical charts
- Registrar of Voters checked
- Interviewed friends / visitors
- Interviewed Social Worker
- Checked with Social Services
- Phone books / discs checked
- Checked with Public Guardian / Conservator
- Notified the Public Administrator
- Checked with hospitals local to the decedent's residence - Info: _____
- If the decedent lived in a convalescent home for less than 4 months, where did they live prior?

- Other: _____

Additional Efforts to Identify and Contact Next of Kin / Friends

This section should be used to document your efforts to identify and contact next of kin. Each time you contact someone or attempt to contact someone, you should: 1) Note the date and time. 2) The name of the staff member who is making the contact. 3) Who you spoke with and the results of your contact or attempted contact. 4) Be certain to ask each of your contacts if they are aware of any relatives and, if so, obtain their name, relationship, address and phone number. 5) Always ask each of your contacts for information that may help you complete the death certificate. 6) If more space is needed, you may attach additional pages.

I certify that I have made a diligent effort to locate the decedent's next of kin, and if they were found, I made them aware of their responsibility for the property disposition of their relative. I declare under penalty of perjury, pursuant to the laws of the State of California that the foregoing is true and correct.

Executed in _____ (location), on _____ (date)

Print Name and Title

Signature

Decedent's Name: _____ Coroner Case Number: _____

FINANCIAL STATEMENT OF NEXT OF KIN

Next of Kin Name: _____ Relationship: _____

Date of Birth: _____ Phone Number: _____ Email: _____

Address: _____

I, _____ (name) certify the following to be a correct statement of my financial status at present and within the foreseeable future.

- 1) I am receiving assistance under one or more of the following programs: *(Attach a copy of your most recent check or another statement showing proof of assistance.)*
 - SSI and SSP (The Supplemental Security Income & State Supplemental Payments Program)
 - AFDC (The Aid to Families with Dependent Children Program)
 - Food Stamps (The Food Stamp Program)
 - County Relief, General Relief (GF) or General Assistance (GA)
 - TANF/CalWorks (Temporary Aid for Needy Families/ CAL Works)

- 2) Are you the beneficiary of any life insurance policy on the decedent? Yes No
 - *If you checked box 1 above and answered "no" to question 2, then sign at the bottom of this page only and do not fill out the rest of the form.*
 - *If you checked box 1 above and answered "yes" to question 2 above, then you must complete both pages of the Financial Statement of Next of Kin form.*

- 3) My gross monthly income is less than the amount shown on the chart below. *(Attach a copy of your most recent paycheck, pay stubs, or another document showing proof of income.)*

Number in Family (circle one)	1	2	3	4	5	6	7	8	Each Additional
Your gross monthly income (circle one)	\$1128	\$1518	\$1907	\$2297	\$2686	\$3076	\$3466	\$3855	\$390

If you checked box 3, then you must complete both pages of the Financial Statement of Next of Kin form.

- 4) My income is not enough to pay for the common necessities of life for me and the people in my family that I support and pay for the cost of interment. ***If you checked box 4, then you must complete both pages of the Financial Statement of Next of Kin form.***

I declare under penalty of perjury under the laws of the State of California that the above and the foregoing are true and correct. As the next of kin of the decedent, I understand that the laws of the State of California hold me responsible for the duty of interment and the costs of interment of the decedent if I am financially able to afford it. I further understand that the San Mateo County Coroner's office will verify my financial status and if the Coroner determines that I can afford the cost of interment, but have failed to perform this duty in a reasonable period of time, then misdemeanor charges may be filed with the San Mateo County District Attorney and I may be further liable to pay the San Mateo County Coroner's Office three (3) times the County's cost for performing the interment.

Executed in _____ (location), on _____ (date)

Print Name and Title

Signature

FINANCIAL STATEMENT OF NEXT OF KIN

5) My monthly income (average if it varies):		8) a) <input type="checkbox"/> I am <u>not</u> able to pay any interment costs	
a) My gross monthly pay is:	\$	b) <input type="checkbox"/> I am <u>able</u> to pay only this amount:	\$
b) My payroll deductions are:		9) I have direct, indirect or beneficial ownership interest in the following property:	
(1)	\$	a) Cash	\$
(2)	\$	b) Checking, Savings, Credit Union, Banks	
c) My monthly take-home pay is (a-b)	\$	(1)	\$
d) Other money I get each month:		(2)	\$
(1)	\$	c) Cars, other vehicles, boats (make and year)	
e) My total monthly income is (5a to 5d):	\$	(1)	\$
6) My monthly expenses are as follows:		(2)	\$
a) Rent, house payment, maintenance	\$	(3)	\$
b) Food and household products	\$	d) Other personal property (jewelry, furniture, etc.)	
e) Clothing	\$	(1)	\$
f) Laundry and cleaning	\$	(2)	\$
g) Medical and dental payments	\$	(3)	\$
h) Insurance (life and health)	\$	Total Value of Personal Property (9a to 9d):	\$
i) School and childcare	\$	10) Other facts which support this application are: (describe unusual medical needs, expenses from recent family emergencies, or other unusual expenses to help the Coroner and the judge understand your budget. If more space is needed, you may write on back of this page.	
j) Utilities and telephone	\$		
k) Transportation and auto expenses	\$		
l) Installment payments:			
(1)	\$		
(2)	\$		
(3)	\$		
m) Wage assignments and earnings withholding orders:	\$		
n) Other expenses (specify):			
(1)	\$		
(2)	\$		
o) Total Monthly Expenses (6a to 6n):	\$		
7) Monthly Income Less Expenses (5e minus 6o)	\$		