



Request for Indigent Disposition of Deceased

Deceased Information:				
First Name	Middle Initial	Last Name	Date of Birth	Social Security #
Date of Death				
Previous Physical Address	City	State	County	Zip
How long had the deceased previously resided in Cassia County?				
From:		To:		
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
				<input type="checkbox"/> Divorced
U.S. Citizen	Legal Alien	Other	Veteran: YES/NO	Type of Discharge:
Name of Mortuary:			Name of Cemetery:	
Deceased's Next of Kin:				
Name:			Phone number:	
Does the Deceased have an interest in:				
Bank Accounts?	Yes / No	Life Insurance Policy?	Yes / No	Real Estate? Yes / No
Retirement Accounts?	Yes / No	Vehicles?	Yes / No	Any other Assets? Yes / No
Will there be a probate? Yes / No				
Additional Notes/ Information:				
Third Party Application Submitted by:			Title:	
Phone:				
Date:				