

APPLICATION FOR INDIGENT BURIAL FUNDS

STATE OF WYOMING )  
 )ss.  
COUNTY OF FREMONT )

\_\_\_\_\_ OF \_\_\_\_\_,  
Name of Applicant Address

Or as representative of the above person:

\_\_\_\_\_ OF \_\_\_\_\_,  
Licensed Funeral Director Funeral Home

Being first duly cautioned and sworn, says:

That he or she, as family, friend, or claimant for the deceased, or representative thereof, has charge of the body of \_\_\_\_\_, aged \_\_\_\_\_, whose date of birth was \_\_\_\_\_, and whose address was \_\_\_\_\_, whose date of death was \_\_\_\_\_, at \_\_\_\_\_ (place of death), and application is made for payment from the indigent burial funds of Fremont County, Wyoming, for disposition of the body and all itinerant expenses; and

That the deceased person was without financial means, property, or accounts to pay for interment or cremation, and was not at the time of death receiving aid under POWER (Personal Opportunities With Employment Responsibilities) program, SSI (Supplemental Security Income) or Medicaid, pursuant to W.S. § 42-2-103(c); and

Affiant has made or caused to have made a diligent inquiry and found the following with respect to the deceased (indicate with yes or no): \_\_\_ life insurance benefits, \_\_\_ private retirement or pension plan, death benefits, \_\_\_ Social Security death benefit, \_\_\_ Veterans' Administration death benefits, \_\_\_ pre-paid or other funded funeral plan, \_\_\_ public employee retirement or pension benefits, \_\_\_ benefits from fraternal or Tribal memberships, or benevolences, subscription or other means; and

That no person or persons have come forth with funds to meet interment or cremation expenses of the indigent person described, nor will any attempt or demand be made for such purpose, nor has there been any money or other thing of value received toward burial expenses of the indigent person: and

That the undersigned agrees to reimburse the County of Fremont for funds expended on disposition expenses to the extent that they receive any of the above on behalf of the deceased in the future.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

(SEAL)