



Cremation Assistance Program Application

1. Name of Requestor _____

Relationship to the Deceased _____ Phone # _____

Name of Funeral Home _____

2. Deceased's Name _____ SSN/ID # _____
(First) (Middle) (Last)

Address _____ Place of Death _____
(Street) (City) (State)

Date of Birth _____ Date of Death _____

Marital Status _____ Occupation _____

Monthly Income \$ _____ Other Income/Amount? _____
(pension, VA, etc.)

Proof of residency/type? _____ Proof of Income/type? _____

3. Banking Information: Savings [☐] Yes [☐] No Balance \$ _____ Checking [☐] Yes [☐] No Balance \$ _____

Name of Bank _____ Branch Location _____

Other Assets Cash \$ _____

Life Insurance: [☐] Yes [☐] No If Yes, Name of Company _____

Value _____ Policy # _____ Beneficiary _____

4. I certify that the estate of the deceased does not have the means to pay for the cremation. Under these circumstances, I hereby request and authorize the cremation and its payment by Santa Fe County. I attest that the funeral home will not be paid for any additional services nor can it render them by law. I understand that it will take 30 days for the cremation process to be complete and the cremains to be released to me as the next of kin.

If assets from the estate of the deceased become available after the time of this application, I understand that the estate must reimburse Santa Fe County for all or some of the cost of cremation.

I declare under penalty of perjury that the statements made by me on this form are true and correct. The above statement has been thoroughly read and fully understood by me and this action is what I want to have done.

Signature of Requestor or next of kin: _____ Date: _____

COUNTY USE:

Approved: [☐] Yes [☐] No

By: _____

Date _____