



Application for Cremation of Deceased Indigent

Pursuant to Coweta County Code of Ordinances, Section 27-2

Applicant's Information

Name: _____ Relation to deceased: _____

Address: _____

Phone: _____ Email: _____

Deceased's Information

Full name: _____

Date of Birth: _____ Social Security Number: _____

Date of Death: _____ County where death occurred: _____

Cause of Death: _____ Location of Remains: _____

Marital status: Single Divorced Married

If married, spouses name: _____

Income: Net income (total salary and wages, minus deductions required by law)

\$_____ per week \$_____ bi-weekly \$_____ per month \$_____ per year

Spouse's Earnings:

\$_____ per week \$_____ bi-weekly \$_____ per month \$_____ per year

Parent's Earnings:

\$_____ per week \$_____ bi-weekly \$_____ per month \$_____ per year

Children Earnings:

\$_____ per week \$_____ bi-weekly \$_____ per month \$_____ per year

\$_____ per week \$_____ bi-weekly \$_____ per month \$_____ per year

\$_____ per week \$_____ bi-weekly \$_____ per month \$_____ per year

Other Benefits:

Was deceased disabled? No Yes, type of disability: _____

SSI: \$_____ Social Security \$_____ Veterans' Benefits \$_____

Worker's Compensation \$_____ Other income \$_____

Things deceased owns:

Cash \$_____ Savings Account \$_____ Checking Account \$_____

Stocks & Bonds _____ Jewelry \$_____ Certificates of Deposit \$_____

Equity in Real Estate \$_____ Equity in other Tangible Property \$_____

Motor Vehicles

Year / make / model: _____ What's it worth? \$ _____

Year / make / model: _____ What's it worth? \$ _____

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

**Submit completed application to the Division of Family & Children Services, Coweta office:
533 US-29, Newnan, Georgia.**

INTERNAL USE ONLY

To be Completed by DFCS:

Date application received: _____

Name Date

To be Completed by Coweta County government County Administrator:

Application: _____ Approved _____ Denied : _____

County Administrator Date