



St. Johns County Board of County Commissioners

Social Services | Health & Human Services Division

**St. Johns County Social Services
200 San Sebastian View, Suite 2300
St. Augustine, FL 32084
(904) 209-6140**

CREMATION APPLICATION

Please provide the following information for all members of the deceased household to determine eligibility:

- Photo ID of deceased and relative or legally authorized representative
- Social Security Card of deceased
- Bank statement(s) 1 month prior to death for all members of the deceased household
- Income verification 1 month prior to death for all members of the deceased household

The St Johns County Health and Human Services department collects ID and social security numbers for identification purposes, benefit processing and billing and payments.

I understand the above statement regarding the reasons for requesting Social Security numbers.

Date: _____

Relative or Legally Authorized Representative Signature:

I agree to the cremation of the deceased person I am representing

Relationship to the deceased: _____



CREDIBILITY • INTEGRITY • ACHIEVEMENT

**ST. JOHNS COUNTY SOCIAL SERVICES
CREMATION APPLICATION**

REFERRED BY: _____

Have you or the deceased received a monetary settlement in the past five years? If so, what amount? _____

Life Insurance Information for the deceased _____

Relative or Legally Authorized Representative

Deceased

NAME _____

NAME _____

STREET ADDRESS _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

CITY/STATE/ZIP _____

MAILING ADDRESS (if different from above)

MAILING ADDRESS (if different from above)

CITY/STATE/ZIP _____

CITY/STATE/ZIP _____

BIRTHDATE _____

BIRTHDATE _____

PHONE # _____

SOCIAL SECURITY # _____

PHONE # _____

DATE OF DEATH FOR DECEASED _____

V/A Benefits (Was the deceased a Veteran) Branch of Service _____

Dates of Services _____

Was the deceased a U.S. Citizen? YES NO

If NO, you must provide a copy of your Permanent Resident Alien Card.

Date admitted to United States _____

Was he/she sponsored? If so, by whom _____

ASSETS:

Did the deceased own a car, truck or motorcycle? YES NO

Current Value	Year of Vehicle	Make of Vehicle	Model of Vehicle

Did the deceased or any household member have any of the following

	Bank Name	City/State	Balance	Names on Account
Checking Account(s)	_____	_____	_____	_____
Checking Account(s)	_____	_____	_____	_____
Savings Account(s)	_____	_____	_____	_____
Savings Account(s)	_____	_____	_____	_____
Trust, IRA, CD, Stocks	_____	_____	_____	_____
Money Market, Bonds	_____	_____	_____	_____
Cash on hand	_____			
TOTAL ASSET(S) \$	_____			

DECEASED EMPLOYMENT INFORMATION EMPLOYED UNEMPLOYED

If **employed** check one: Full Time Part time Seasonal Migrant Labor Pool

EMPLOYERS NAME: _____ **Type of Work:** _____

How long have you been employed on this job: _____

If **unemployed** state reason: _____

Last Date Employed: _____

Last Place of Employment: _____

MONTHLY INCOME:

List below the **Source** of all income, the employer and earnings for all household members including spouse, companion, partner or sponsor. **THIS INCOME MUST BE LISTED AND DOCUMENTATION PROVIDED.**

If spouse not employed, state last date of employment for spouse: _____

Name	Employer / Income Source	Gross Monthly Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Income Total	\$ _____

UNEARNED INCOME FOR THE FAMILY UNIT: (For example include Social Security, SSI, VA pension, unemployment compensation, Worker's Compensation, temporary assistance from family or friends, rental income, self employment, odd jobs, income tax refunds, trust account, etc.) Include monthly income from the following sources:

Child Support	\$ _____
Unemployment/Workers' Comp	\$ _____
Alimony	\$ _____
Social Security	\$ _____
SSI/SSDI	\$ _____
Other: _____	\$ _____

Unearned Income Total \$ _____
TOTAL GROSS INCOME \$ _____



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APPLICANT'S STATEMENT, AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

Chapter 837.06

"Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable by imprisonment according to Florida Statute 775.082"

By signing this form, I am saying that the answers are true and complete to the best of my knowledge. I know that if wrong information is given or if information is withheld on purpose, I am breaking the State Law and are subject to the penalties provided by Law, including the penalty for perjury.

Permission is hereby granted and authorized for any insurance company, employer, utility company, or financial institution to disclose to the Board of County Commissioners and/or its designee, full information regarding my past, present, or future assets, earnings, and financial status. Privacy rights under State or Federal Law concerning my income, assets, liabilities or assistance received from such agencies are hereby waived, and I further consent and request that any State or Federal agency having information concerning me to disclose same to the Board of County Commissioners of St. Johns County, Florida or its agents.

I _____, do swear or affirm the information given on this application is true and complete. I have read, or it has been read to me/us, the above statements and I understand the above statements and releases.

Signature of Relative or Legally Authorized Representative: _____

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