

**Applications for Indigent Burial  
Franklin Township, Warren County, Ohio**

**APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ (Please provide written documentation of age, such as a drivers license or state id)

Size of Household: \_\_\_\_\_

Age(s) of Those In Household:

\_\_\_\_\_

**INCOME DOCUMENTATION**

Household Income Source(s): (Please attach to this application documentation of each income source, including SS or Medicare cards, say stubs, income tax returns, and such.)

\_\_\_\_\_  
(Income Source) monthly / yearly (Circle One)

\_\_\_\_\_  
(Income Source) monthly / yearly (Circle One)

\_\_\_\_\_  
(Income Source) monthly / yearly (Circle One)

\_\_\_\_\_  
(Income Source) monthly / yearly (Circle One)

\_\_\_\_\_  
(Income Source) monthly / yearly (Circle One)

\_\_\_\_\_  
(Income Source) monthly / yearly (Circle One)

**\*\*\*\*\*OFFICE USE ONLY BELOW THIS LINE\*\*\*\*\***

Application filed on: \_\_\_\_\_  
(Date Filed)

Employee Received \_\_\_\_\_

Documentation of income attached: Yes or No (Circle One)

Approved: \_\_\_\_\_  
(Date)

Supervisor/Administrator Signature: \_\_\_\_\_